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MEDICAL PRIESTCRAFT,
A NATIONAL PERIL.

By the same Author.

"ANTISEPTICS IN OBSTETRIC NURSING."

"THE 'OTTO SCHMIDT' SPECIAL TREATMENT FOR CANCER:

A Critique based on Personal Observation."

"FIBROID TUMOUR:

A New Treatment for Fibroid Tumour

and

Some other Diseases of Women,

WITHOUT OPERATION."

"THE CURE OF CANCER:

and

HOW SURGERY BLOCKS THE WAY."

"CANCER:

A Working Theory

for its

PREVENTION AND CURE."

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

JOHN SHAW, M.D., Lond.,

Member of the Royal College of Surgeons, England;
lately Member of the Royal College of Physicians, London, and
Physician for Diseases of Women, North-West London Hospital;
Fellow (late Vice-President) of the British Gynæcological Society;
Fellow of the British Electro-Therapeutic Society.

LONDON:
F. S. TURNEY,
22, PATERNOSTER ROW, E.C.

1907.

DEDICATED TO ALL THOSE TO WHOM

PATRIOTISM APPEALS BEFORE PRIESTCRAFT

AND

HUMANITY MORE THAN CLASS-INTERESTS.

PER ANGUSTA AD AUGUSTA.

PREFACE.

THE present work is written in fulfilment of my promise to endeavour "*from the outside* to rouse the conscience of the profession and the consciousness of the people and their Parliament to the grave need of the amendment of the Medical Acts, *and of the far greater dangers*" (as I allege) "*of the Medical Acts Amendment Bill*, some of the provisions of which are calculated not only to aggravate the ills from which the rank and file of the profession are suffering, but to constitute a public peril of the first magnitude."

The anomalous position created by the refusal of the Executive Committee of the General Medical Council to accede to my request and remove my name from the Medical Register—a refusal, the object of which is fairly evident—is exposed in the correspondence with the Registrar of the Council. This action will enable the profession and public to judge of the lengths to which the Committee is prepared to push its malignant powers,—if any fresh evidence were desirable on the subject. For my own part, the decision of the Committee in nowise obscures my line of duty. I thought it more honourable to attack grievous evils *from the outside;* that the Executive Committee suspend my release, presumably in the hope of coupling my name with "infamous conduct," is but in consonance with the actions of a hierarchy who find in the term "infamous conduct" a terror analogous to "excommunication with bell, candle, and book," which,

curiously enough, to my knowledge, has been afterwards accounted the most honourable episode in the career of two eminent men with whom I had the privilege of being personally acquainted.

I thought it right to leave the profession because I received from the Censors' Board of the Royal College of Physicians a letter censuring me for having done that—*which to have left undone*—would have convicted my conscience of *lèse-humanité*—treason to the race. "The gravamen of Dr. Shaw's offence," said *Truth*,(*a*) in an article on "The Priestcraft of Medicine," "lies in the fact that he rejects the current opinion of the profession in a matter of profound importance, and that, being silenced by a sort of professional boycott, he appeals directly to the public by showing them what he believes to be the truth. This is the unpardonable sin, to punish which the professional machinery is set in motion, and it is to escape the punishment which would have inevitably fallen upon him, unless he had undertaken to withdraw his book from circulation, and hold his tongue in future, that he has to resign his diploma and remove his name from the Register." "It will be seen at once," it had been said earlier in the article, "that the question which the Royal College of Physicians has thus raised is one of supreme importance to the public at large." And, I would venture to add, not less to the rank and file of the profession of medicine.

It is a strange coincidence that on the very day on which the letter was dated (January 19, 1907) when I resigned the membership of the Royal College of Physicians and requested erasure from the Medical Register, two letters were to be found in the correspondence columns of that day's issue of the *British Medical Journal*, the one pointing out the terrible straits to which many of the rank and file of the

---

(*a*) *Truth*, Feb. 13, 1907.

profession are reduced, and a second which read as follows:—"Every member of the Association must feel that some recognition of the splendid services rendered to it by Sir Victor Horsley should be made. I suggest that the annual meeting of the Association should be held in London, and that Sir Victor Horsley should be nominated as President." The letter was signed by a gentleman whose name will be met with again in the present essay.

An extract from the former letter, too, is worth quoting:—"One of the speakers at the Westminster Division meeting brought out a most interesting point when he alluded to the fact that the very men who suffer most from the unfair conditions of practice are by reason of their consequent overwork deprived of the time required to agitate for redress. It is all very well for the men who have 'arrived,' as the French say, to look down on the mass of their discontented brethren and talk of the nobility of medical work. We also appreciate this, or we should even now sell our practices, and with the capital obtained make a small fortune in grocering or some other trade. I think it is just this that will always keep the ranks of the medical profession well filled—namely, the feeling that grows stronger in the doctor's breast day by day that there is no other work he could find a life-interest in. On the other hand, absorbing interest, honour, and even gratitude cannot completely oust the worry and anxiety due to an uncertain and inadequate income."

The writer just quoted saw in the unfair competition of hospitals one of the immediate causes of the straitened circumstances to which that noble body of men constituting the humbler ranks of the profession are reduced. The present essay will attempt to prove that the origin of hospital abuse (as of the other evils which afflict the profession and injure the public) is to be found in the hierarchical government of the profession, in the constitution of which vivisection and scientific surgery (so-called)—of which Sir Victor Horsley

is, perhaps, the most distinguished representative — play (as I shall hope to show) a most baneful part. The British Medical Association has, moreover, it appears to me, so far departed from the principles of its democratic origin as to have become in the hands of the priestly oligarchy a most powerful instrument in limiting the liberties of the profession in the interests of its government.

What are euphemistically described as "the higher interests of the profession" would be more aptly termed "the interests of its hierarchy." Whilst the most flagrant advertisement is permitted to—perhaps, provided for—the hierarch, an attempt to safeguard the welfare of the public may be met by pains and penalties of the most grievous character. The interests of the individual patient are too often lost sight of, knowledge, *for the sake of knowing*, claiming precedence. Operations are multiplied in "the race for statistics," the ultimate goal of which is golden fame, whilst the teaching of the national mortality-returns is absolutely ignored, although deaths from "appendicitis" have increased more than 56 per cent. in the four years 1901 to 1905, and the increment of mortality from cancer of the breast in the *three* years 1901 to 1904 exceeded, on the basis of "corrected" death-rates, that of the *thirty* years 1868 to 1898.

The privileged oligarchy draws enormous fees—one has heard of five hundred guineas earned before luncheon—for operations which do not commend themselves to all as justifiable, whilst men may be found, morally and mentally at least their equal, earning a laborious existence at sixpence the visit. On the one hand, there are the great Medical Charities dispensing gratuitous advice and medicine to those quite able to pay for both; on the other hand, there are well-qualified men eating out their hearts at home for want of work. On the one hand, one hears of enormous sums being demanded in advance for treatment by some secret serum, and of still

larger sums being offered for the alleged secret itself, if the remedy can be exploited commercially by a syndicate, or used as a path to royal favour; one sees quackery (not the exclusive designation of unqualified practitioners) and patent medicines, the road to fortune. And, on the other hand, the drug-habit, immorality, physical degeneration, and a waning birth-rate, with many other signs, testify to a decadence which like a cancer is insidiously eating into the backbone of the nation. Shall we postpone the diagnosis until, under the stress of some great struggle, that backbone snaps like a rotten bough?

The present writer has very sound reasons—seven sound reasons, indeed, aged from seven weeks to seven years—for avoiding any desire to affect the *rôle* of a reformer, much less to suffer as a martyr. And the profession of medicine *has had* its martyrs. Dr. John Brown in 1778 was formally ostracised in Edinburgh for attacking the indiscriminate use of blood-letting, and in consequence of that ostracism was obliged to leave Edinburgh: he died in London, ten years later, in great poverty. Ignatius Semmelweiss introduced antiseptic methods into the Vienna Lying-in Hospital in 1847, and thereby immediately reduced the mortality from childbirth to one-fourth that previously prevailing. For this service to humanity he was so persecuted by the leaders of his profession that his mind gave way under the strain, and he ended his career in a lunatic asylum before completing his forty-seventh year. The oligarchy which controls the medical profession is, in fact, scarcely a gentler master than were the hosts of Midian under the conjoint leadership of the kings Zebah and Zalmunna,—hosts against whom Gideon rose, when he found that he could no longer thresh his wheat in security.

In dealing with these subjects I have to "blow my own trumpet" as well as to unmask the lamp, because a certain amount of egotism cannot be avoided where personal

experience (which, after all, is of more value than theory or hearsay evidence) plays a very large part in my narrative. But the sword of Gideon must be wielded by Gideon : "As a man is, so is his strength." But, if the Press will swell the trumpet note of warning so clearly sounded by *Truth*, and the People will shed forth the light which but too often has cost the earthen vessel which once contained it, then Parliament may be trusted to wield the sword of Gideon to some good purpose. Without the aid of the Press and of the People, I shall be but "a voice crying in the wilderness."

That the evils to which attention is drawn in the following pages are great and growing, and such as to require drastic measures, appears indisputable ; the origin of the evils alone is debatable. The present writer attributes them to the action of the medical hierarchy in pursuit of self-interest. As a remedy for these evils the Medical Acts Amendment Bill proposes to increase its powers. The principle of *Similia similibus* does not commend itself to me as applicable.

There cannot be—at least, so it appears to me—a more worthy object for a truly Liberal Government than the amendment of the Medical Acts. I earnestly commend this matter especially to the Labour Party, because, so far as I can understand the position, there is no adequate method of dealing with the troubles, short of the nationalisation of medical charity and medical education. And as a first instalment I look forward with the greatest interest to King Edward's Hospital Fund Bill, which is to be introduced, it is said, by the Right Hon. John Burns.

One thing, I trust, will be made clear from the perusal of the following essay ;—that the Bill will fail in its purpose unless there be a due proportion of members selected from the humbler ranks of general practitioners to serve on the General Council which will be appointed, according to its provisions, to render to the President such advice and assistance as he may request. Without the devoted lives of such

men, whose experience should prove of the utmost value to the Council, the profession of medicine would already be as salt that has lost its savour.

The proposed Medical Acts Amendment Bill—if itself not amended—will not only strangle liberty of conscience, but will in effect give Parliamentary sanction to the immolation of our sons and daughters to the modern Moloch, whose human sacrifices are perhaps but the counterpart and necessary corollary to the rites practised in "the sacred stronghold of research."

In conclusion, I would like to make it clear that the criticism of the lines of thought and course of action pursued by some of the best known and most highly respected members of the profession is made from an absolutely impersonal standpoint, and is introduced solely with the object of demonstrating the distorting influence—as it appears to me—of hierarchical tradition on men of honour, an influence against which scientific training is no adequate safeguard.

An accident has delayed the publication of this work for a fortnight or so. There will, however, still be, I trust, ample time for its consideration by the General Medical Council before its Session next month.

32, New Cavendish Street,
Portland Place, London, W.
19th April, 1907.

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MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

PERSONALIA.

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

PERSONALIA.

CHAPTER I.

Why I requested Erasure from the Medical Register.

The immediate cause of my requesting that my name should be taken off the Medical Register was a letter received from the Registrar of the Royal College of Physicians, which seemed to me to bring to a head matters of grave interest on which I had been long pondering. The alleged offence was the publication of a work, "Fibroid Tumour: A New Treatment . . . without Operation," which was addressed to "suffering women and their responsible advisers"—in other words, to a *clientèle*, who, in my judgment, might have been seriously misled by statements published in the *British Medical Journal* with its important non-medical circulation.

On the receipt of this letter three courses were open to me:—

(1) I might have expressed regret, and promised not to offend again—have remained a Member of the Royal College of Physicians, despised by my own conscience, and a traitor to the race. For thus I should regard any undertaking not to publish, to the fullest of my ability, not only "Fibroid

Tumour," but my forthcoming work on "The Cure of Cancer: and how Surgery blocks the Way."

(2) I might have refused any "explanation" other than the very explicit statements in the book itself, and have allowed the Censors' Board to take what action it might be advised. But I have neither time, nor faith, nor health, nor wealth to justify me in *provoking* a quarrel.

(3) I might have resigned the Membership as a *protest* against the action of the Censors' Board—the actual course which I adopted. The significance of my resignation the Board appears to have fully understood, if I am right in thus interpreting the President's suggestion for a private conversation "on the matter of your Membership of the College," after the Censors' Board had decided to recommend to the College the acceptance of my resignation of that Membership, the diploma of which was already in the hands of the Registrar.

But I can hear my reader object:—"Even though this explain the resignation of the Membership of the Royal College of Physicians, it affords no excuse for so serious a step as the request to remove your name from the Medical Register." The justification or otherwise of that step will be apparent to the reader of the following pages according as he sees the position from my point of view or not. Stated in the briefest terms, my reason is this:—For a long time I have very anxiously asked myself whether dignity in the profession of medicine may not have ceased to be the *symbol* and become instead the *substitute* for honour: and to this question I have found no satisfactory answer. And the problems which underlie its consideration are best presented *from outside*. Moreover, I have that strong personal inducement which doubtless appealed to Gideon when he was unable to thresh his wheat—a motive which in more recent years has found its terse expression in well-remembered words:—"I am a rebel, because I am an outlaw." The action of the

Executive Committee of the General Medical Council, in refusing to accede to my request with regard to the erasure of my name, places the matter on a different footing, seeing that I am not prepared to admit that the old aphorism is no longer true, "*Salus Populi suprema est Lex.*" My correspondence with the Registrar of the General Medical Council appears to me, therefore, of more than passing interest.

The Underlying Problems.

To form a just opinion on the merits of the underlying problems, it is obviously essential to suspend judgment until, not only the present booklet has been carefully perused from cover to cover, but a like consideration has been given to any answer which may be made thereto by the *British Medical Journal* or any others directly concerned. What I ask my reader to keep before his mind are the following queries :—

(1) Does the present government of the medical profession virtually constitute that form of oligarchy generally spoken of as a *hierarchy*, that is to say, government by a priesthood ?

(2) Is such a form of government the best for the profession and for the public served by it ?

(3) Are the evils set forth in the following pages the direct logical consequence of that form of government ?

(4) Are the powers which the hierarchy at present wield of such a character as to allow the unrestrained publication of grossly misleading statements on subjects vitally interesting the public, without any possibility of their correction in any adequate manner, except at the sacrifice of the professional career of any who may attempt to do so ?

(5) In a word, does the profession seem to be so constituted that its rank and file are "hewers of wood and drawers of water" to the governing hierarchy, who are sacrificing honour,

honesty, humanity, conscience, and truth — all that in the past made the profession of medicine a sacred calling—to the *sacra auri fames*, the devouring lust for gold? In fact, is the Temple of Æsculapius to-day, under Zebah and Zalmunna, one whit purer than was the Temple at Jerusalem under Annas and Caiaphas nearly two thousand years ago?

(6) If not, is a hierarchy thus constituted to be further entrusted with such increased and extended powers as are provided in the Medical Acts Amendment Bill?

I apologise to my reader for the length of the following correspondence, although I think it will be evident to him, that, if he is to understand the significance of the action taken by the Censors' Board of the Royal College of Physicians, he must be acquainted with the leading facts regarding the book which was its subject, on the examination of which the President and Censors concurred in finding that "the principal charge," which involved "a distinct breach of a well-recognised principle of professional conduct," was fully borne out. Thus only can the reader appreciate the light in which I regarded the request of the Censors' Board for an "*explanation.*"

CHAPTER II.

THE CORRESPONDENCE WITH THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

CORRESPONDENCE WITH THE REGISTRAR.

ROYAL COLLEGE OF PHYSICIANS,
LONDON, S.W.,
12th January, 1907.

DEAR SIR,

The attention of the President and Censors, at their meeting yesterday, was drawn to a work recently published by yourself, entitled, "Fibroid Tumours: a New Treatment . . . . without Operation." Complaints reached them that the book has been obviously written with a view to its being placed in the hands of the general public, and that the author has addressed himself directly to women suffering from the maladies of which it treats. This constitutes a distinct breach of a well-recognised principle of professional conduct. It is thought, moreover, to be very undesirable for their own welfare that patients should have their attention directed to much which is thus communicated.

Having examined the book, the President and Censors regret to find that it fully bears out the principal charge as stated above, and desire me to ask if you have any explanation which you may wish to offer them respecting it.

I remain,

Faithfully yours,

(Signed) EDWARD LIVEING, M.D.,
Registrar.

To Dr. John Shaw, M.R.C.P.

32, New Cavendish Street,
Portland Place, London, W.,
19th January, 1907.

To the Registrar,
Royal College of Physicians of London.

Dear Sir,

"fibroid tumour: a new treatment without operation."

In answer to your letter dated the 12th inst., which I have already acknowledged, I desire to say that further consideration only increases the surprise which its receipt occasioned me.

"Having examined the book," you write, "the President and Censors desire me to ask if you have any explanation which you may wish to offer them regarding it." Regarding what? The publication of a book, which *to have left unpublished* would have convicted my conscience of *lèse-humanité*.

I have already stated, in acknowledging your letter, that, "without admitting that any 'explanation' is necessary in addition to the very explicit statements made in the preface and elsewhere in my book," I would bow to the decision of the President and Censors, and "with all urgency prepare a statement of the circumstances (from my point of view) which apparently have been brought to a head by your letter of the 12th inst." Briefly stated they are as follows:—

The *British Medical Journal*—the official organ of the British Medical Association, with a very important non-medical circulation (exceeding, so far as I can judge, that of many lay journals)—made the specific statement with regard to fibroid tumours of the womb, that "the risks of operation are probably less than those of non-operation." On the other hand, I conclude that the risks of operation are *more than five hundred times greater* than those of non-operation, and that

operation is, moreover, liable to be followed by cancer. And it is a noteworthy fact that in the review of my book (December 1st, 1906) the *Journal* leaves my statistics severely alone—although I had by letter drawn the Editor's attention thereto—and attempts no justification for its own statements, merely remarking that "we are under the impression [*sic*] that a great deal has been written about the harmlessness of many uterine fibroids." It must be remembered, moreover, that I had repeatedly tried to gain publicity for alternative non-operative methods of treatment, but unavailingly.

Excluding the personal aspect, the position appears to me thus :—A statement was made in a journal with an important non-medical circulation, calculated (from my point of view) to involve those who might trust therein, in a possible disaster incomparably greater than that which might be occasioned by confiding in the fraudulent statements of a company prospectus, —for "the life is more than meat, and the body is more than raiment";—and yet the President and Censors of the Royal College of Physicians, a corporation the very *raison d'être* of which is the public weal, ask me for an explanation for doing what I could to minimise that which I regard as a grave injustice to the community. And this you speak of as "the principal charge." Is it unnatural that I should be surprised?

And this surprise is further increased when I note that you state that "the attention of the President and Censors, at their meeting *yesterday*" (that is, the 11th January), "was drawn to a work recently published by yourself, entitled: 'Fibroid Tumour: A New Treatment . . . without Operation,'" whereas I received *nearly seven weeks before*, from the Honorary Secretary of the British Gynæcological Society, a letter dated 26th November, 1906, the material parts of which read as follows: "I have to inform you that the "following resolutions have been passed by the Council "of the above Society: 'That the Council of the British

"'Gynæcological Society, having had its attention drawn to "'the work by Dr. John Shaw, M.R.C.P., entitled "Fibroid "'"Tumour," deems it right to bring it under the notice of "'the President and Council of the Royal College of Physi- "'cians for their consideration, and will be glad to have their "'opinion thereon.

"'That the Council of the British Gynæcological Society, "'having had its attention drawn to the work of Dr. John "'Shaw, on "Fibroid Tumour," regrets that any Fellow of the "'Society should have felt himself justified in placing such a "'work in the hands of the public.'"

To the above letter, I had better say, the following answer was sent :—"I have to thank you for your communi- "cation dated November 26th, 1906, informing me that two "resolutions had been passed (date not mentioned) by the "Council of the above Society. With regard to the first "resolution, I presume you will communicate with me "further on learning the opinion of the President and Council "of the Royal College of Physicians. With regard to the "second resolution, I admit that I am not quite clear as to "its tenour. I presume that the Council has read the book "before passing its resolution, and either accepts or impugns "the accuracy of the statistics which I have published in "answer to the statements of the *British Medical Journal*, "who, in a review published in their last issue (December 1st, "1906), appear to have left them (the statistics) severely "alone. I therefore propose to the Council that before asking "me to resign—if such is the purport of the resolution—they "appoint a committee to investigate the accuracy of my "statistics and report thereon."

But up to the present I have received no answer to this suggestion.

Moreover, it is not only in regard to protest against mutilative operations on women that I have failed to reach the ear of the profession through the usual and proper channels. And

I would like those of my professional colleagues whose good opinion I still value to clearly understand, that it was only after having come to the conclusion that the position was hopeless, that I addressed the public directly, in contravention to practice which I perfectly recognise as the "usual and proper course." I had, in fact, been equally unfortunate in gaining a hearing in answer to a statement made in the *British Medical Journal* of November 4th, 1905, by an eminent surgeon, to the effect that "in no single case have we yet seen a genuine scirrhus or an undoubted epithelioma" (either of the two chief types of cancer, it will be noted) "whose course has been modified or whose growth has been hindered for a single day by any of their methods," that is to say, "by high frequency currents, various kinds of serum, the injection of complex organic compounds, *et hoc genus omne*."

In my submitted answer, not only were cases set forth the cancerous nature of which I had subsequently doubted on the simple ground of the success attained, but also others of whose character there could be no possible doubt, and some of these were still available for the inspection and examination of the surgeon just quoted ; and although the space required by my letter was approximately but one-half that which had been devoted to an artificial purgative of foreign origin—*indexed under its proprietary name*—the length of my letter was the alleged ground for refusing publication.

Not unnaturally, such opposition excited in my mind a desire to study the matter further, and, as the consequence of that investigation, not only did I arrive at the results published in "Fibroid Tumour," but I have come to the conclusion that "the caution and logical attitude taken up by the hospital surgeons of this country in reference to the treatment of cancer by other than operative measures" has brought about the following deplorable condition of affairs : The increased frequency of operations, the earlier date at which they are undertaken, their wider extent and greater thoroughness,

although accompanied by a greatly decreased *primary* mortality, are *followed by an increased mortality from cancer*, of such alarming proportions, that the annual increment of mortality from cancer of the breast per million women, of 35 years of age and upwards, in the period 1898 to 1901, amounted to about *three times* that which ruled in the periods 1868 to 1888, and thence on to 1898 ; and the annual increment from 1901 to 1904 is actually *more than nine times* that prevailing during the period of least operative activity. In other words, *if it were possible* (which, thank God, it is not) for the increment of mortality to increase in the same geometric ratio as has characterised the two triennia, during which the improved operative conditions of the last ten years may be expected to have been bearing fruit, by the year 1930 (or thereabouts)—say, eight triennia from now—*the entire female population, 35 years of age and upwards, would die of cancer of the breast.*

In a book now in the press, "The Cure of Cancer : and how Surgery blocks the Way," I give my reasons for believing that the view, that the knife is the only available treatment for cancer, is a superstition as gross as any that has ever darkened the pages of medical history—and, addressing the Royal College of Physicians, I could use no stronger language.

And although cancer of the breast alone is fatal, *year by year* (taking the years 1901 to 1904), to over 2,800 women in England and Wales, and the total mortality from the disease in the whole population during that period amounted to 114,130 souls, if I understand the President and Censors of the Royal College of Physicians aright, it is my duty, because unable to obtain a hearing through the usual and proper channels, to remain mute ;—to allow my book to be relegated to the publisher's shelves, *killed by the "Conspiracy of Silence."*

For upwards of thirty years I have worked at my profession with a strenuousness which has been, I presume, equalled by few of those who enjoy its rewards, and exceeded, perhaps, by none. And now, with responsibilities which would make

me giddy to contemplate, you force me into a decision of the gravest moment. Not only do I resign the Membership of the Royal College of Physicians, but I shall take off my name from the Medical Register, in the hope that—*from the outside*—I may be better able to rouse the conscience of the profession, and the consciousness of the people and their Parliament, to the grave need of the amendment of the Medical Acts, *and of the far greater dangers of the Medical Acts Amendment Bill*, some of the provisions of which are calculated not only to aggravate the ills from which the rank and file of the profession are suffering, but to constitute a public peril of the first magnitude.

Herewith, please receive the Diploma of Membership, which I hereby resign; and I need scarcely add that the material parts of our correspondence will be submitted for publication.

Yours faithfully,

(Signed) JOHN SHAW.

ROYAL COLLEGE OF PHYSICIANS,
PALL MALL EAST, S.W.,
21st January, 1907.

DEAR SIR,

I beg leave to acknowledge the receipt of your letter of the 19th instant in further reply to mine of the 12th, written agreeably to the instructions of the President and Censors; also of your Diploma of Membership.

I will submit your letter of explanation concerning the work which is the subject of this correspondence, and which also announces your resignation of the Membership of the College, to the Censors' Board at its next meeting on January 29th. The resignation must appear on the Summons to a

General Meeting of the Fellows and be accepted by them (Bye-law 179).

I thought I had quite clearly conveyed the meaning of the Board in my first letter, but your reply suggests that I have not done so. I will therefore add a few words of explanation.

In your second paragraph you quote my last paragraph thus :—

> " 'Having examined the book,' you write, 'the President and Censors desire me to ask if you have any explanation which you may wish to offer them about it?' Regarding what?"

As you have quoted me, your query, "Regarding what?" must be answered by "The book."

You have, however, omitted part of my paragraph, which stands thus, and conveys a different meaning :—

> "Having examined the book, the President and Censors regret to find that it fully bears out the principal charge as stated above, and desire me to ask if you have any explanation which you may wish to offer them respecting it"—that is, of course, respecting the principal charge.

Let me state again what this principal charge or complaint is, in which the Board concurs. It is—"That the book has been obviously written with a view to its being placed in the hands of the public, and that the author has addressed himself directly to women suffering from the maladies of which it treats. This constitutes a distinct breach of a well-recognised principle of professional conduct."

I am, dear Sir,

Yours faithfully,

(Signed) EDWD. LIVEING.

32, New Cavendish Street,
Portland Place, London, W.,
January 25th, 1907.

To the Registrar,
Royal College of Physicians of London.

Dear Sir,

"fibroid tumour: a new treatment . . . without operation."

I have received a letter signed by yourself, from the contents of which I presume that I am the addressee. It was dated the 21st inst.

Whilst allowing that the omission of the words to which you draw attention involves a grammatical *distinction*, I cannot—with the utmost deference I say it—admit that there is any *difference*. If it were permissible to reply in the words of the late Prime Minister to the present Lord Chancellor, I should say, "I am speaking English, and not Law." But, although it appears to me perfectly obvious that it is the book, the whole book, and nothing but the book and its environment, which constitutes "the principal charge," I will nevertheless take such steps as are necessary to bring your view of the matter to the knowledge of those who (from your point of view) may have been misled.

The fact, moreover, that my reply suggests to you that you had not clearly conveyed in your first letter to me the actual meaning of the Board, appears to my mind rather to indicate that it is I, perhaps, who may have failed to express myself as clearly as the importance of the subject (from my point of view) demanded; so that, if I might venture to profit by the method adopted in your letter of the 21st, I think that certain amplifications would put the matter in a light perfectly clear to all concerned.

The President and Censors examined the book. What did they find?

(1) They found that I had repeatedly, but unavailingly, tried to obtain professional consideration for non-operative methods of treatment as alternatives to certain mutilative operations on women. Whether the circumstances of such rejection were particularly exasperating or not, is a detail too insignificant to contest.

(2) They found the record of two statements made by the *British Medical Journal*—a journal nominally professional, but in reality having in addition an important non-medical circulation, which, I think I should have no difficulty in arguing, is of growing proportions. These statements, so far as they referred to fibroid tumour, concerned (*a*) operations *in general*, and (*b*) the operation of hysterectomy *in particular*. They read thus :—(*a*) "The risks of operation are probably less than those of non-operation." (*b*) "The words of the great Scotchman which Dr. Massey reprints were written in days when hysterectomy for fibroid was more dangerous than it has been for the last ten years."

(3) As the other side of the question, the President and Censors must have seen, in examining the book, that I calculated on the basis of the statistical reports of a London hospital, for which it might fairly be claimed that it was *primus inter pares*, and the Registrar-General's Reports, that:

(*a*) The risks of operation are *more than five hundred times greater* than those of non-operation.

(*b*) The mortality from abdominal hysterectomy during the period 1895 to 1904 (the last date available for comparison) amounted to something like fourfold (15·4 per cent.) that which the late Dr. Keith (the great Scotchman referred to) spoke of in these words: "I would consider myself guilty of a criminal act were I to advise my patient to run the risk of her life before giving a fair trial to this treatment, even if I were sure the mortality would not be greater than that which

hysterectomy has given me in my private cases—under 4 per cent."

(4) The Board would find, moreover, that the only improvement, as the result of the enormous increase of operative activity, which I could deduce from the statistics furnished, was a small proportion less of patients discharged "*unrelieved*," such relief being afforded, however, by *death*. The data were submitted, likewise, from which I concluded that mutilative operations entailed a greatly increased liability to cancer. Doubtless, also, the President and Censors would not overlook the fact to which I specially drew the attention of the Editor of the *British Medical Journal*, viz., that the deaths from "injury at birth" had increased during the preceding fifteen years more than 500 per cent. —a very modest figure, I may add, on which to base the statement. Surely this fact alone is something more than a curious commentary on the alleged advantages of progressive operative zeal; it constitutes an item of national importance.

I venture to think that if the *raison d'être* of any work was ever justified, that work is "Fibroid Tumour: A New Treatment for Fibroid Tumour and some other Diseases of Women without Operation."

(5) But the Board concurs, you say, after examining the book, with the view that I addressed myself "directly to women suffering from the maladies of which it treats." The book is dedicated "to suffering women and their responsible advisers." I venture to claim that the English language could not express my obvious intent more clearly and more concisely. I mention this, because, strange as it may appear, I have seen reviews of my book in which it was made a subject of *argument*. What I cannot understand is, how the Board, who claim to have examined the book, can have imagined that I had any "explanation" to offer of a clearer nature than is conveyed by the book itself.

The Preface concluded with these words :—"It appears "to me that the fascination of major operations is obscur- "ing the judgment (I do not say the conscience) of an "important section of the medical profession, much as "bright sunlight is inimical to clear vision. As I have "been unable to reach the ear of the profession (and thus "the public) through the ordinary professional channels, "it is my hope to do so through the medium of the present "essay."

The commencement of Chapter I. reads thus:—"For the "convenience of the non-medical reader—and I am hoping that "some of those who read the *British Medical Journal* may "likewise peruse these pages—it will be desirable to explain "certain technical terms. The subject treated in the present "essay is essentially technical, that is to say, devoted to a "special *art*, and to deal with it, without employing names "which have become so familiar that their technicality is "almost forgotten, would require talent far and away beyond "anything to which I could aspire.

"My difficulty is this :—The statement 'The risks of "'operation are probably less than those of non-operation,' "is so simple as to be intelligible to all. Its analysis, on "the other hand, necessitates reference to details which "must be clothed in the language of the science concerned." Obviously, therefore, I was addressing the mixed *clientèle* of the *British Medical Journal*, lay and professional.

In face of such explicit statements as the above (to say nothing of the dedication), I admit my failure to understand what further explanation the Board thought probable, or even possible, respecting "the principal charge." I was glad, however, by implication to gather that the President and Censors do not agree with, or concur in, the minor charge, namely, that it is "very undesirable for their own welfare that patients should have their attention directed to much which is thus communicated."

Whilst admitting—and thankfully admitting—the truth of "the principal charge," I desire to protest my utter inability to comprehend the ethical distinction between contributing "articles on professional subjects to journals professing to supply medical knowledge to the general public" —a proceeding banned by the Bye-laws of the Royal College of Physicians—and contributing articles to the *British Medical Journal*, which, on its "Scale of Charges for Advertisements" addressed "to the Members of the British Medical Association and of the Medical Profession generally," claimed "an important circulation among non-medical institutions, such as Public Libraries, Reading Rooms, Scientific Societies, Clubs, etc." The same difficulty applied to the *Lancet*, on whose "Terms for Advertising" it was stated that "The *Lancet* can be obtained at all Messrs. W. H. Smith and Son's and other railway bookstalls throughout the United Kingdom."

Unless the President and Censors of the Royal College of Physicians can show a solid ethical distinction between the case of my addressing suffering women through the columns of a *lay journal* (for I admit no distinction between a lay journal and a medical journal with a lay circulation), and so addressing them by means of a *book*, then I submit with the utmost deference, but with the strongest conviction, that "the principal charge" automatically narrows itself down to this :—I addressed my patients in language which they could understand—a "principal charge" which, I venture to think, will be regarded by all intelligent men as a veritable *reductio ad absurdum*, the absurdity of which becomes even more evident when one considers that it would have been ethically correct for me to have advertised my projected work, week after week, month after month, year in, year out, in a journal with a lay circulation, as "*in preparation*." I presume this from the fact that I should not—to find such a precedent—have to go outside the

Fellowship of the College, which, as a Comitia, *pledged to secrecy*, is to decide (as I gather from your letter) whether my resignation is to be accepted, or whether my children are to be under the stigma, when I am gone, that their father was expelled the Royal College of Physicians.

The President and Censors will, perhaps, better understand how freely I admit "*the principal charge*" when I say that, immediately after the *British Medical Journal* refused to publish my letter in answer to the statements of the eminent surgeon (*British Medical Journal*, November 4, 1905) whose words with regard to the non-curability of cancer without operation were quoted in my letter to you of the 19th inst., I wrote—and caused to be printed—a work entitled "The Treatment of Cancer, Fibroid Tumour, and some other Diseases of Women without Operation: a Working Theory, with Successful Cases," and that this was completed and the preface dated February 27th, 1906. And yet, because a lay friend said that the work was too technical "to be 'understanded' of the people," I determined to re-write the book in three sections—"Fibroid Tumour," the subject of the present correspondence; "The Cure of Cancer: and how Surgery blocks the Way" (now in the press); and "Some of the Problems of Cancer, with a Working Theory for its Prevention and Cure," which is already fairly advanced "*in preparation.*"

That my own sense of duty is clear in the matter will be understood by those of my judges who have ever experienced the intolerable weariness which the preparation of a glossary entails, to say nothing of the effort to think and write in non-technical language. The fact that I have risked something like a year passing before the publication of successful cases of cancer-treatment will be appreciated by those distinguished Fellows who admit that they published the report of a new treatment for cancer before the autumn vacation, "in case unfavourable changes should intervene

before next session"; and the *British Medical Journal* appeared to have been so impressed by this consideration that, in the haste to introduce it to the profession, or public, or both, in a leading article, it inadvertently described a "vaccine" as a "serum."

But most of all will my determination in this matter be understood by those who know that I am still profoundly convinced that my "Working Theory of Cancer"—the theory which brings cellular activities into line with the other great forces of Nature—light, heat, electricity, magnetism, etc., etc., —and regards the malignancy of the cancer cell as due to a disturbed periodicity of undulatory, or, perhaps, as one would now say, of ionic, motion—"Dyskinesis," I have ventured to call the condition :—although believing, I say, that this theory must one day hold the field, having first sketched it in a few words in my rejected letter to the *British Medical Journal*, as early as November 5th, 1905, and subsequently printed it, and in a limited way circulated it, I have run all these obvious risks of lost reputation and lost reward, rather than fail in presenting my views of the facts with regard to fibroid tumours and other diseases of women, as well as of cancer, to those who may be interested therein, —vitally interested therein—in such wise as to be intelligible to them.

Once more I lay stress on the fact that I impugn no man's *bona fides*, however much his judgment may differ from my own; but I solemnly claim the right of making my own voice heard, and of giving suffering humanity an opportunity of hearing the other side of questions, in one view only of which they are at present adequately instructed. The day, I trust, is not far distant when a wilfully false, or culpably inaccurate, prognosis with regard to a major operation will be recognised and punished as "*homicide by moral violence.*" And prognosis must be based on something more substantial than "impressions."

In conclusion, I venture to express the regret that your letter of the 21st carries me no further in reconciling your statement with regard to the attention of the President and Censors having been drawn to my book "at their meeting *yesterday*" (that is, the 11th January) with the first resolution cited in the letter of the Honorary Secretary of the British Gynæcological Society, dated November 26th, 1906, which I have quoted in my letter to you of the 19th inst. This omission strongly confirms me in the decision at which I arrived on the receipt of your letter of the 12th inst. Naturally, I ask myself what had occurred by the 11th January, 1907, to stimulate the President and Censors of the Royal College of Physicians to take action in a matter towards which they had been passive at an earlier date, which they may, for all I know, have regarded as equally preposterous and absurd as I do myself? The sole thing that I know of is the fact that I had confided to certain individuals the information that I had a book in the press, "The Cure of Cancer: and how Surgery blocks the Way." Is it unnatural for me to inquire whether your letter was written with the hope of intimidating me from publishing that work? Once more, "I am speaking English, and not Law."

That book will be published, in spite of any *disgrace* with which the Royal College of Physicians and the General Medical Council may seek to cover me. The *dishonour* which treason to humanity would entail, which would prevent me looking my own children in the face, shall not be mine.

The President and Council will, I trust, now recognise that I am fully alive to the nature of "*the principal charge*," to which in all thankfulness I plead "guilty," for such is, I presume, the technical term in answer to a "charge." If, in my "explanation," the Board should see "extenuating circumstances" and consider that the *honour* of the College is not depreciated by accepting my resignation rather than by

expelling me, I shall be glad, although it must not be considered that I am making an appeal *ad misericordiam*. If I am in the wilderness, it is for a purpose.

I am, dear Sir,

Faithfully yours,

(Signed) JOHN SHAW.

CORRESPONDENCE WITH THE PRESIDENT.

62, Wimpole Street,

January 30th, 1907.

Dear Sir,

If it would be convenient for you to call upon me on Friday morning, I should be glad to have a few minutes' private conversation with you on the matter of your Membership of the College. If you are agreeable to this, we can arrange a time by telephone.

Yours faithfully,

(Signed) R. DOUGLAS POWELL.

32, New Cavendish Street,

Portland Place, London, W.,

January 31st, 1907.

Sir R. Douglas Powell, M.D., Bart.,

President of the Royal College of Physicians of London.

Dear Sir,

Whilst thanking you for suggesting that I should call on you, I regret greatly that I must decline. The right time, it appears to me, for that suggestion, was before causing the letter of the 12th instant to be sent by the Registrar.

Throughout my professional career I have had to suffer from the inequities—if not iniquities—which the present constitution of the profession entails on any, who, like myself, aimed at getting into consulting practice from general. All this I bore patiently without complaint.

Wider experience drove me to the conclusion that behind these inequities there are great questions of public interest, questions affecting, indeed, the very life of the Nation. But still I kept silent. No man willingly breaks with his profession, and especially is this true of those who have been content to live their lives in the shadow, asking only to be allowed to work in peace.

Your letter of the 12th instant made my duty clear. How else could I regard it than in the light of an attempt to intimidate me from publishing my forthcoming work on the "Cure of Cancer: and how Surgery blocks the Way"? I judge from the resolutions forwarded me from the British Gynæcological Society that your attention had been drawn to my book on "Fibroid Tumour" in November at the latest, but you took no action until it was brought to your notice on January 11th, 1907. Why?

May I be allowed to express the regret that it should be during your term of office as President that I find myself placed in acute opposition to the College.

Yours faithfully,

(Signed) JOHN SHAW.

Note.

I am perfectly aware that my refusal to accept the suggestion of the President of the Royal College of Physicians to discuss the matter privately would deprive me of any right to make the action of the Censors' Board a matter of *personal* grievance. It appears to me inconceivable that the President should have made that suggestion unless the Board were

prepared to withdraw their letter of the 12th January, 1907. For better and for worse, in consequence of that letter, I had put my hand to the plough of reform, and dared not turn back. Twenty-five years ago at this time (March 1st, 1882) I started practice in Hampstead. No sooner was my professional plate fixed than a telegram was delivered which, owing to misdirection, had been delayed two days. In it I was offered a much-coveted and long-waited-for appointment. My mother answered the doubt which presumably she read in my face: "You have put your hand to the plough, and dare not turn back." History has repeated itself.

FURTHER CORRESPONDENCE WITH THE REGISTRAR.

ROYAL COLLEGE OF PHYSICIANS,
LONDON, S.W.,
1st February, 1907.

MY DEAR SIR,

I beg leave to inform you that at a meeting of the Censors' Board, held on Tuesday, Jan. 29th, my letter to yourself of Jan. 12th and all the correspondence which followed between us, viz., your acknowledgment of January 15th, and my answer to a question it contained; your explanatory letter of January 19th, mine of the 21st, and your final letter of January 25th, were read *in extenso* and considered by the Board.

I was requested to state, in replying, that the Board had resolved to recommend the College, at the next general meeting available for the purpose, to accept your resignation of the Membership; and to explain that the delay in the consideration of this matter by the Board, to which you refer, was not due to any such cause as you suggest, but simply to

the fact that the ordinary meetings of the Censors' Board are only held in October, January, April and July.

I am, dear Sir,

Faithfully yours,

(Signed) EDWARD LIVEING,
Registrar.

32, New Cavendish Street,
Portland Place, London, W.,
February 2nd, 1907.

To the Registrar,
Royal College of Physicians of London.

Dear Sir,

I thank you very heartily for the courteous communication contained in your letter of the 1st instant, and for the explanation which the Censors' Board are kind enough to furnish.

I need scarcely say that I accept that explanation without reserve, and regret that I assumed that for which there was no justification in fact, although, in effect, you will readily understand that your complaint in regard to "Fibroid Tumour" left me no alternative but to resign the Membership, in view of my absolute determination to repeat in respect of my forthcoming book, "The Cure of Cancer: and how Surgery blocks the Way," a line of conduct which you designate "the principal charge" in relation to the former work.

I remain, faithfully yours,

(Signed) JOHN SHAW.

Royal College of Physicians,
London, S.W.,
22nd February, 1907.

Dear Sir,

I am now able to inform you that the resignation of your Membership of the College, with the return of your Diploma,

announced in your letter to me of the 19th last, came before a General Meeting of the President and Fellows held this day and was accepted.

I am, dear Sir,

Faithfully yours,

(Signed) EDWARD LIVEING, M.D.,
Registrar.

John Shaw, Esq., M.D.

CHAPTER III.

WHY I AM, IN THE MEANWHILE, STILL ON THE MEDICAL REGISTER.

CORRESPONDENCE WITH THE REGISTRAR OF THE GENERAL MEDICAL COUNCIL.

32, New Cavendish Street,
Portland Place, London, W.,
January 19th, 1907.

To the Registrar,
General Medical Council.

Dear Sir,

I have to request you to take off my name from the Register. The reasons which have led me to take this unusual step are set forth in the correspondence which has taken place between the Registrar of the Royal College of Physicians and myself, a copy of which is enclosed for the information of the Council.

As I must, of course, continue to earn my livelihood from the practice of my profession as an unregistered practitioner, I should be obliged if you would inform me officially of the disabilities which I have incurred by this step, as of all things I desire to observe the law.

Yours faithfully,

(Signed) JOHN SHAW.

General Council of Medical Education and
Registration of the United Kingdom,
299, Oxford Street, London, W.,

[No. 16,869.] *21st February, 1907.*

John Shaw, Esq., M.D.,
32, New Cavendish Street, W.

Dear Sir,

I have received your letter of 19th inst., with enclosures, in which you ask that your name may be removed from the Medical Register. In accordance with the Standing Orders, the Licensing Bodies whose qualifications you hold will be asked if they have any objection to your request being acceded to, and the matter will then be brought before the proper authorities of this Council.

With regard to your other question, I have no authority to express an opinion upon legal matters, and I can only suggest that you should refer to your own legal adviser.

Yours faithfully,

(Signed) NORMAN C. KING,
For the Registrar.

General Council of Medical Education and
Registration of the United Kingdom,
299, Oxford Street, London, W.,

[No. 16,980.] *27th February, 1907.*

John Shaw, Esq., M.D.,
32, New Cavendish Street, W.

Dear Sir,

Your letter of the 19th January was considered by the Executive Committee of the Council on 25th inst., and I was

directed to inform you that, as information has been received that your resignation of the Membership of the Royal College of Physicians of London has been accepted by that College, I have been directed to erase that qualification from the Register; but that, in view of the statement in your letter, the Committee was not prepared to accede to your request for the erasure of your name from the Medical Register, but have referred the application to the General Council by which it will be considered at the Session to be held in May next.

Yours faithfully,

(Signed) H. E. ALLEN,
Registrar.

32, New Cavendish Street,
Portland Place, W.,
February 28th, 1907.

To the Registrar,
General Medical Council.

Dear Sir, [No. 16,980.]

In reply to your letter of yesterday's date, numbered as above, I desire to know to what statement you refer by the following words: "in view of the statement in your letter, the Committee was not prepared to accede to your request, etc.," and what are the grounds on which such statement is regarded as justifying the Executive Committee in refusing my request as formulated in my letter of the 19th January last.

Yours faithfully,

(Signed) JOHN SHAW.

GENERAL COUNCIL OF MEDICAL EDUCATION AND
REGISTRATION OF THE UNITED KINGDOM,
299, OXFORD STREET, LONDON, W.,

[No. 16,991.] *1st March, 1907*

John Shaw, Esq., M.D.,
32, New Cavendish Street, W.

DEAR SIR,

In reply to your letter of the 28th February, I have to say that the statement referred to in my previous correspondence was as follows:—"As I must, of course, continue to earn my livelihood from the practice of my profession as an unregistered practitioner. . . . ."

I am not authorised to state further the grounds on which the Executive referred the matter to the General Council.

Yours faithfully,

(Signed) H. E. ALLEN,
Registrar.

32, NEW CAVENDISH STREET,
PORTLAND PLACE, LONDON, W.,
March 6th, 1907.

To the Registrar,
General Medical Council.

DEAR SIR, [Your letter numbered 16,991.]

In answer to your letter of March 1st, bearing the number above quoted, I beg to note that you submit (or suggest) yet a *third* explanation of the grounds on which the Executive Committee of the General Medical Council delay acceding to —and now, indeed, decline—my request of the 19th January, viz., that my name should be removed from the Medical Register.

(1.) In your letter of the 21st January you wrote :—"In accordance with the Standing Orders, the Licensing Bodies whose qualifications you hold will be asked if they have any objection to your request being acceded to, and the matter will then be brought before the proper authorities of the Council." It appears from your letter of the 27th February that no such objection has been raised by the Royal College of Physicians, with whom alone I was in controversy ; and, so far as I am aware, by no other Body.

(2.) In your last-mentioned letter (February 27th) you added, however, that "in view of the statement in your letter, the Committee was not prepared to accede to your request, but have referred the application to the General Council by which it will be considered at the Session to be held in May next." This, you have now, in answer to my inquiry, explained, refers to my statement, "As I must, of course, continue to earn my livelihood from the practice of my profession as an unregistered practitioner. . . . ." In so doing, however, I am perfectly within my legal rights, as, since writing to inquire from you my legal disabilities, I have learnt that Sir W. H. Broadbent, in a letter published in the *Times* of November 29th, 1901, specifically stated :—"It does not appear to be generally known that the only legal disability imposed upon an unqualified practitioner is that he cannot recover fees in a court of law or sign a certificate of death." One is surely justified in concluding that if this be true of an unqualified (*sic*) practitioner, it cannot be less valid in the case of one whose professional qualifications might bear comparison with those of Sir William Broadbent himself.

You indicate in your letter of the 1st March that your quotation of my offending statement is not complete. The concluding words of the sentence were, in fact, "as, of all things, I desire to observe the law." It appears from a statement in a leader, entitled "Professional Misconduct and the

Law," in the *British Medical Journal* of February 2nd, 1907, that the General Medical Council apparently claims to be *above* the Common Law of the land, if I am right in thus interpreting the following extract:—"In accordance with the procedure at present adopted by the General Medical Council, documents of a highly confidential character are received by it for the purpose of dealing with disciplinary cases. The knowledge that such documents might, at some time or another, be produced in a court of justice would inevitably deter persons from making communications to the Council. In the course of the proceedings before Mr. Justice Warrington, the Registrar to the Council was called upon a subpœna *duces tecum* to produce a file of documents. Counsel for the Council objected, and even went the length of saying that the Registrar would rather be committed for contempt than have it laid down that all such documents should be produced."

Whether the Council is right in its claims, or I in my interpretation of such claims, I know not; but I certainly have yet to learn that a "desire to obey the law" constitutes "infamous conduct," even from the point of view of the General Medical Council. This matter brings me to your third point.

(3.) In your letter of March 1st you once more shift your ground, by introducing yet another fresh consideration. You add: "I am not authorised to state further the grounds on which the Executive referred the matter to the General Council," thus suggesting the existence of further grounds.

The object of the Executive Committee is, I presume, fairly obvious. It would, perhaps, be too much to expect the General Medical Council voluntarily to break with its traditions of the Fehmgericht and the Lion's Mouth at Venice, even in this the twentieth century; but the course taken by the Council before Mr. Justice Warrington, and the comments of the *British Medical Journal* thereon, may, I trust, rouse the national conscience to give the quietus to a condition of

things which, *if it existed in any other land*, would excite amongst us a frenzy of self-righteous indignation. For it will not be forgotten that the production of the secret *dossier* in the *affaire Dreyfus* led to the discovery of an Esterhazy, a Henry, and a Mercier on the General Council of the French Army ; and it is not altogether unnatural if the profession should inquire whether the scheme of the British Medical Association for the selection and election of the Direct Representatives to the Medical Council was with the hope of preventing such an unlucky accident as the presence at the Council Board of—a Picquart.

I venture to submit that the proceedings before Mr. Justice Warrington (Clifford *v.* Timms) displayed the General Medical Council as the most arbitrary and irresponsible tribunal in modern Europe, and nothing less than a national disgrace and a national peril, seeing that no greater injury can be inflicted on any people than corruption in the administration of justice. It is pathognomonic, as the late Lord Salisbury said, of the "dying nation." And from the decisions of such a tribunal as this there is no appeal ! ! !

Personally I look forward with interest, in which I trust both the profession and public will share, to learn whether it is "infamous conduct," *after finding the "usual and proper channels" closed*, to endeavour, *by the only means remaining open to me*, to reach both the lay and professional *clientèle* of a nominally professional journal which claimed an important non-medical circulation, in order to :—

(i) save women from trusting in statements which, to the best of my understanding, might be more disastrous to them than the fraudulent balance-sheets of a company prospectus ;

(ii) correct statements (from my point of view gravely misleading) in regard to work for which enormous sums of money had been subscribed by the public, and other large sums were still solicited ;

(iii) answer a protest which had been made "*as strongly and as publicly as possible*" against the "increasing tendency" to record alleged successes in the treatment of cancer by other than operative measures, by showing that not only is cancer curable without operation, but operation, so far from being *the cure*, is absolutely the *most effective cause* in the increased mortality from cancer of the breast, which has gone up with such leaps and bounds under the ægis of modern operative proceedings that the increment of mortality in the three years 1901 to 1904 exceeded that of the thirty years 1868 to 1898 on the basis of *corrected death-rates*. It is to be noted, moreover, that 1905, the year of the above protest against the "*increasing tendency*" to record such alleged successes by non-operative measures, was the first in which there was an appreciable decrease in mortality from cancer of the female breast, since the *improved conditions* of operation came into vogue.

If one or other of these actions constitute "infamous conduct," as understood by the General Medical Council—not, if I appreciate the position, in "the higher interests of the profession," but in the interests of its *hierarchy*, largely composed, as it is, of men who have degraded the art of surgery to a craft scarcely less revolting than the old-time worship of Moloch—then I shall welcome the badge of "infamous conduct *in the professional sense*" rather than BE INFAMOUS IN EVERY OTHER SENSE.

And, in order that the General Medical Council shall not shirk the direct issues by eventually accepting my resignation, I hereby withdraw the request for the removal of my name from the Medical Register as contained in my letter to you of the 19th January—a request which was made, not so much with the object of avoiding the indignity of being summoned before the Council—from which I admit I shrank—but "in the hope that—*from the outside*—I may be better able to rouse the conscience of the profession, and the

consciousness of the people and their Parliament, to the grave need of the amendment of the Medical Acts, *and of the far greater dangers of the Medical Acts Amendment Bill*, some of the provisions of which are calculated not only to aggravate the ills from which the rank and file of the profession are suffering, but to constitute a public peril of the first magnitude "(*a*)—although I can well imagine that the difference between delivering an assault on the corruption of the medical hierarchy *from outside* or *from within* the profession would constitute a distinction too fine to be appreciated by the General Medical Council.

The two months' interval before its Session in May will, however, be ample for the Council to formulate *definite charges*—if it has any to bring forward—and will certainly make any repetition of the innuendo and shiftiness which have characterised the proceedings of its Executive Committee not only inexcusable, but *contemptible*. Your letter of the 1st March has, moreover, done me a service in demonstrating the accuracy of *Truth's* contention that I had made a tactical mistake in resigning.

Whatever happens, Parliament will, I trust, see to it that "hard figures" shall be answered by something more convincing than the "bell, candle, and book," of the medical hierarchy.

Yours faithfully,

(Signed) JOHN SHAW.

Note.

The reader will now be in a position to understand the anxiety with which I regard the proposed Medical Acts Amendment Bill. At the present moment I should be still free to

(*a*) My letter of January 19th, 1907, to the Registrar of the Royal College of Physicians of London, a copy of which was enclosed in my letter to the General Medical Council of equal date.

earn a livelihood for myself and those dependent on me, as an unregistered practitioner, but if the Medical Acts Amendment Bill were to become law, not only would my endeavour to mitigate evils, which in my judgment have already become an appalling scandal, involve my being excluded from the ranks of the profession, but the further consequence—*"That removal from the Register should involve, under penalties, disuse of medical degrees (including diplomas, etc.),"*(*a*) the erasure of the name entailing an absolute prohibition to practise one's profession for a livelihood. In other words, if the hierarchy controlling the profession determine to silence a man, and he rebels—whether from a sense of duty to himself, to his family, or to his fellows,—this priesthood is to be entrusted with powers which shall enable it to starve into submission the nonconformist, whilst the public are to be left in ignorance of that which may vitally concern them; and further facilities are provided by the Bill for exercising this iniquitous pressure by means of a yearly registration.

I would take this opportunity of replying to those patients who have kindly written expressing the hope that my action will not necessitate my retiring from practice, that, *under present circumstances, it will not.* It is in the hands of the people to refuse to penalise in the future those to whom "the higher interests of the profession" represent something quite different from, and often absolutely opposed to, the interests of its hierarchy.

I commend to the attention of every man and woman of honour, not only in the profession of medicine, but out of it, the suggestion made by the Executive Committee of the General Medical Council of there being *something behind*—"*further grounds*"—to account for their refusal to grant me the release which I had made the "tactical error" of requesting. In order that the world may appreciate the

(*a*) *Brit. Med. Jour.* Supplement, Jan. 6th, 1906.

character of these irresponsible custodians of the standard of professional honour, I make them this challenge:—It is about thirty years since I started in my medical career as a student, with the words of that great surgeon and truly Christian man, the late Mr. Le Gros Clark, ringing in my ears: "Estimate, gentlemen," said he in effect, "the measure of your success, not by the amount of your income, but by the degree in which you win the confidence of your patients, and *use that confidence to their advantage.*" Let the Council try "infamous conduct" by that standard, and if by May next it can convict me of none as judged thereby, let it apologise, not to me only, but to the profession and the public, for what both, perhaps, may be pardoned as regarding as the "*infamous*" suggestion conveyed in the words: "I am not authorised to state further the grounds on which the Executive referred the matter to the General Council."

It may be best to make it clear at this stage that the term "*infamous conduct*" is as much a *technical* one as any other employed in medicine. It simply means that the defendant has been considered to have pursued a line of action *contrary to the usual etiquette of the profession*, which may, perhaps, be but a euphemism for the financial interests of its governing hierarchy. Does it not seem a disgraceful thing that this term, "infamous conduct," should be employed in connection with an offence which may be, not only not immoral, but, perhaps, an act of disinterested moral courage—a term, I say, calculated to bring disgrace on the children of one who may have deserved well of his day and generation? It is possible that the following narrative may supply some example of the gross abuse to which this technical term is exposed, and may induce the thoughtful reader to inquire on which side "infamous conduct," as he may understand it, is to be found.

CHAPTER IV.

AN AUTOBIOGRAPHICAL NOTE.

I BLOW MY OWN TRUMPET, BUT APOLOGISE FOR DOING SO.

IT would obviously be more judicious to postpone a proceeding which, in the nature of things, is calculated to estrange the reader's sympathy, until after having won his confidence a little more by the narrative which I propose to unfold. But, unfortunately, it is necessary to my argument to show that the most strenuous life will fail to meet with professional recognition unless it conform to standards which, to the best of my belief, are prejudicial to the true interests of the profession and public alike. If I offend by self-assertiveness on the present occasion, the candid reader will, I believe, when he knows the facts, admit that the proceeding is new to my experience. And if any prefer to take for granted this special part of my argument, they have but to skip this chapter, seeing that many personal experiences are narrated anonymously in the subsequent chapters, whenever it appears necessary to strengthen statements by individual testimony. With regard to the claims made as to original work, I would simply say that they are made in good faith, and will be withdrawn at once *on the evidence of facts*, although I am not able to admit that the "*impressions*" of the *British Medical Journal* constitute evidence any more than "what the soldier said."

How necessary this part of my argument is, appears to me proved by the attitude assumed by *Truth* in the personal interview to which reference is made in the article, "The Priestcraft of Medicine." The most reasonable way to explain the action of the College seemed to be the assumption that I

was "a black sheep." As a matter of fact, not only had the College nothing against me, but it was aware that in the past I had acted with such scrupulous regard to my obligations, that immediately after signing a deed of partnership in 1894, I handed in my resignation of the Membership (previously prepared) before even returning home, although I had received what purported to be the assurance of a Censor that the College would take no notice unless the fact of my having taken a partner was brought *officially* to its cognizance.

Moreover, the subjects of the examination for the Membership consisted of Latin, Greek, French and German, in addition to Medicine. The only preparation that circumstances allowed for that examination was the reading of a few pages of Cicero's "De Senectute," as my Latin was a bit rusty. If the College care to publish the results of that *impromptu* examination, both in regard to Medicine and the subjects of general education, and to compare therewith the marks at the same examination awarded to their President and the Censors, I shall raise no objection on the score of breach of confidence. My one fault, so far as I know, is that I was forced into making my own living in general practice as a step to consulting practice.

As a Student.

Having received, the year before, the only two prizes awarded in those days to Science at the City of London School—the Mortimer Exhibition and Hale Medal—I gained the St. Thomas's Hospital Medical Scholarship, and after matriculating at the University of London (when I had the second exhibition), and subsequently passing the Preliminary Scientific Examination, I entered as a medical student at St. Thomas's Hospital, where, in the class examinations I was twice first and once second, although on the last occasion it was still called "the first college prize," as a new scholarship was on that occasion given for the first time.

I was already so ill that shortly afterwards I had to go abroad for a period of rest, during which time I learnt French and German sufficiently well to be able to conduct a consultation in either language, and naturally to read medical literature with comparative ease.

In the Physiological Laboratory of St. Thomas's Hospital I worked with such assiduity as to neglect preparation for the London degree, with the result that I had the mortification of being "ploughed" in Anatomy. But it is always pleasant for me to remember that it was on the result of my analysis in completion of one begun by the late Dr. Cranstoun Charles, that the term "Myxœdema" was applied to the disease now so well known, which will for ever be associated with the name of my distinguished chief, the late Dr. William Miller Ord.

Next year was made memorable by meeting in competitive examination Victor Horsley, now so eminent as a vivisector and scientific surgeon. In the two subjects in which we both took first-class honours, he was first in the one, I in the other. In view of the possibility that I may yet have to earn my living outside the profession by the sale of pills and ointment, I feel justified in mentioning that I was in addition second in honours in Materia Medica and qualified for the exhibition and gold medal, and later also had the second prize—a medal and books—at the Apothecaries' Society for an examination on allied subjects, treated, however, from a somewhat different standpoint.

Then came another long illness, taken apparently from a fever patient whom I was attending in my capacity as House-Physician. During five months I was unable to read a single page; but, in spite of this, I passed the examination for the Final M.B. two years after the Preliminary examination, as financial considerations did not allow of my waiting the three years usually devoted to the subjects for the degree. And, in spite of these drawbacks and

continued ill-health, I was placed in the Honours list in Medicine, and qualified for the gold medal in Forensic Medicine. The M.D. was taken after a year's interval.

So much for a narration which, I am sure, cannot annoy the reader as much as it nauseates myself.

It appears to me probable that my fellow-students, should they ever give a passing thought to "the boy with the bright eyes," will shake their wise heads and write me down as one of life's failures. I admit at once that in a sense I am; and it is in the hope of saving others from becoming like "failures" that I have determined to throw some light on the evils which have made me, from the point of view of worldly success, one of the failures of the medical social system. No man, however, *dare think of himself as a failure*, who with Browning believes—

"God's in His heaven: all's right with the world."

Such an one must be reckoned with, be he the Kaiser on the Imperial throne of Germany, or Adolf Beck in an English convict prison.

As a General Practitioner.

Starting in general practice in Hampstead as a perfect stranger in 1882, in spite of all the extra work I was doing, it was not until 1904 that I took a partner, when my gross income from general practice alone had exceeded for the previous three years an average of £2,400 per annum. As a general practitioner, therefore, I could scarcely be written down as a failure.

Moreover, the observations made in general practice which led me to the generalisation that rheumatism is due to a blood-poisoning having its origin in any mucous surface, have, I venture to think, done more to make the treatment of rheumatism rational than any other suggestion before the profession, whether bacteriological or otherwise. Obviously,

thus regarded, the treatment of rheumatism resolves itself into the preliminary discovery of the mucous membrane at fault, whether this be the nose and its cavities, the throat, the bile or urinary passages, etc., etc. If specific treatment be not applied to the mucous membrane primarily at fault, the administration of salicylates may leave the source of the poison untouched, and be open to the grave objections which I shall later refer to under the heading "The Drug Habit." This same generalisation has enabled me to relieve many women without operation, whose symptoms indicated disease of their womb or ovaries, the pain being, in fact, of a rheumatic origin and arising from some distant organ. It is impossible to find, it would appear to me, a stronger condemnation of "specialism" as it is understood to-day.

In view of the prominence into which the opposition of the hierarchy towards the treatment for consumption introduced by Dr. Alabone brings the problems connected with this disease, it may be well to add that for four years or thereabouts I was Physician to the North London Hospital for Consumption at Mount Vernon, Hampstead, and that at the time when I resigned this appointment on my undertaking the care of patients suffering from the special diseases of women, I was already second on the staff.

I resigned at the same time the care of the patients suffering from disease of the throat who were then under my care at the North-West London Hospital. It seems to me, therefore, that it would not be possible for me to have made greater sacrifices than I did in order to conform with professional sentiment, on devoting myself to the special diseases of women; and this point I desire to emphasise.

As a Specialist for Diseases of Women.

With regard to the vexations which I have had to encounter throughout my career in consequence of having

had from financial considerations *to start in general practice*, sufficient will be indicated for the purpose of my argument in the following chapters. This booklet presumably would never have been written, but for my firm conviction that general practice is the preferable path, *if not the only legitimate one from the point of view of the public weal*, to specialised practice. This, therefore, is the whole crux. The "great gulf" which the oligarchy have sought to create between the medical masses and the hierarchical classes is, in my judgment, fraught with the direst consequences to the profession and the gravest dangers to the public. Few probably can speak with the same bitter experience as I can myself, and, therefore, none interested directly or indirectly in the profession of medicine can wisely refuse consideration for the facts detailed in the present essay.

If any professional colleague affects to be scandalised by my present attitude of self-advertisement, I would like him to remember this before passing judgment: The only operation that I have ever recorded before a medical society or in a medical journal was one of Cæsarian section on the occasion of another case of the same operation being discussed at the Obstetrical Society of London. And it was only after I had virtually decided to do no more major operations that I referred to my operative experience in my "Fibroid Tumour: A New Treatment . . . *without* Operation." Anyone interested in the subject may therein see for himself that something stronger than "impressions" would be necessary to convince me that it was my duty to bow the knee before any colleague on the matter of successful operation, if such be judged by the standard, not of the "race for statistics," but of the recovery of the patients and their restoration to health.

Moreover, I introduced a speculum for these special operations, which is, I believe, still the best on the market, in cases where it is not possible to have the numerous assistants available in the large hospitals.

As an Original Worker.

(i) in medical electricity.

With regard to the work I did or published in 1888 and since, sufficient has been said both in "Fibroid Tumour" and in my forthcoming work on "The Cure of Cancer: and How Surgery blocks the Way." It is naturally of special interest to me to remember that it was my privilege to correct a mistake of the illustrious Faraday with regard to electro-chemical action in the interpolar region. The treatment by electricity of cancer as part of the practical application of a theory (which I have named "dyskinesis," or perverted vibratory motion) will, I hope, later meet with some—*posthumous*—recognition.

(ii) in obstetrics and gynæcology.

Not only did I write a book on "Antiseptics in Obstetric Nursing," which met with very kindly acknowledgment from the late Dr. Oliver Wendell Holmes,—it was written at a time when there was still much confusion in the matter, as I can perfectly remember when a black coat, caked with fat and gore, was considered good enough to operate in,—but I did something to facilitate the treatment of that most dreaded of all complications in labour—central placenta prævia—by being the first, I believe, to use Champétier de Ribes's bag for the purpose. There is a short paper hereon in the British Gynæcological Society's *Transactions* for 1895, recording two cases treated successfully. I was interested the other day in seeing, in the review of one of the leading American obstetrical treatises, that the author recognised this treatment as the best of all;—but whether my name was mentioned in connection therewith or not, I am ignorant.

With regard to the "Nature and Treatment of Peritonitis," and what I venture to think are the very important

advances I suggested in the understanding of this subject, reference is made in the chapter dealing with the "Medical Societies," as my experience throws considerable light on their function as hindrances to the acceptance of new truth and the diffusion of medical knowledge, which apparently are considered to entail or create a dis-harmony on occasions devoted to sonorous blasts from the guinea-gold trumpets of the governing hierarchs.

(iii) IN CANCER.

By my "Working Theory of Cancer," and its practical application, my work will one day be judged. That I am intensely convinced of its reality naturally means very little. But I am absolutely determined that I will not be restrained, or intimidated, from the attempt to bring home the truth to those vitally interested in the matter. And this is the chief reason why I have left the profession.

GIDEON'S WHEAT.

Truth, in that admirable and sympathetic article, "The Priestcraft of Medicine," to which reference has already been made, was kind enough to assure its readers that I was working from "unselfish motives" and "in the public interest." Whilst venturing to claim this as true, I would like to say that it is not the whole truth. Early in my professional career, as I have just stated, I made a very considerable reputation as a gynæcological operator, and received for my operations large fees. In fact, that very distinguished West-end operators should "undersell" me in the matter of fees was not a unique experience. In addition to abdominal sections, I believe that in the Alexander-Adams operation I had, for some years, a larger experience than any man living, with the one exception of Mr. Alexander, one of its inventors. With widening experience the question occurred to my mind whether cancer was ever directly or indirectly due to operation,

and little by little, with ever-growing success, I substituted non-operative treatment for those operations for which I had formerly received large fees. A couple of years ago, for example, I saw a Yorkshire patient, in consultation with her own doctor, and consented to perform an abdominal section, the fee of one hundred guineas being agreed to. After consideration I felt I could not undertake the operation until the patient and her friends had had an opportunity of studying what there was to be said on the other side. The patient did not undergo the operation, and is to-day in infinitely better health, I believe, than if she had been operated on.

Having given up a comparatively large income, earned as a general practitioner at Hampstead (in consequence of an incident to which I shall refer on page 54), and cutting myself off, more and more, from the income derivable from operations, the reader will understand that it became an absolute necessity for me, that I should be able to reach the professional ear in regard to the claims which I made in respect of the advantages of non-operative methods of treatment. How unsuccessful I was, will appear in the following pages. In leaving the profession, therefore, I am but obeying those primeval instincts which send the swallows to the south in the autumn—the necessity of providing sustenance for myself and those dependent on me—a problem which has been this last year very much complicated by the action of the Borough Council of Marylebone, that centre of the hierarchy of medicine, failing to complete the "change over" of my electrical apparatus, with the consequence that for over seven months I had not a single X-ray or high-frequency apparatus available for the work in which I was specialising.

Enough has, I think, been said to show that the letter of the Registrar of the Royal College of Physicians was as clear a call to action—however greatly I shrank from it—as was the appearance of the angel of the Lord to Gideon; a

call to which I dared not turn a deaf ear, even when the President of the College courteously suggested a personal interview, apparently with a view to reconsider the matter, as obviously the only possible basis of such a discussion was the withdrawal of the letter of January 12th, 1907. This chapter has been very hateful to me to write, but I think that the reader would forgive, if he knew how much I have tried to spare him in sketching the main outlines of facts as the basis for my argument, which is briefly this :—A student may excel in competition with his fellows ; he may be successful from the point of view of gaining the confidence of his patients ; he may have done somewhat (in more directions than one) to add to the common stock of knowledge ; he may have made great sacrifices in order to conform with professional sentiment—the unwritten law ;—and yet he will be, and remain, the "rank outsider," unless he be prepared to sacrifice what he may believe to be "the higher interests of the profession," and his true duty to his patients. Have I no justification for applying the quotation, "I am a rebel, because I am an outlaw" ?

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

THE MEDICAL HIERARCHY.

THE MEDICAL HIERARCHY.

CHAPTER V.

THE ROYAL COLLEGES.

The profession of medicine is but one form of oligarchy, and, as such, exposed to the risk which has distinguished oligarchical government in the past, viz., "that the governors act unjustly when their own interests are concerned." The oligarchy governing the profession of medicine in England and Wales virtually consists of the Royal Colleges of Physicians and Surgeons respectively, the General Medical Council, the British Medical Association, the Medical Societies, and the Medical Press.

In my younger professional days there was a great distinction between the College of Surgeons and the College of Physicians; the one was in a measure the rival of the other. And it appears to me that the partnership which now virtually exists between the two Colleges has been a great misfortune to the profession and public alike, and that, from the time when their rule became a *conjoint* one, things have rapidly gone from bad to worse, the surgical element predominating over the weaker medical one.

The Royal College of Surgeons of England.

Of the Royal College of Surgeons the writer, although a Member, knows but little. Of it Mr. Walter Rivington is reported as saying:—"Reform of the College of Surgeons is the practical question lying at the root of all the evils which afflict the profession."

The Royal College of Physicians of London.

Of the Royal College of Physicians of London the writer naturally knows more, and believes that the reform of the oligarchy governing under this title is a question, not merely of evils afflicting the profession, but of evils which, through the profession, affect the very life of the nation.

Its Constitution.

The government of the College is vested in the President and Fellows alone, the Members and Licentiates having no part therein. The Fellows are a self-elected body chosen from the Members, *social position* being one of the recognised grounds for election.

The Members are elected by the Fellows after an examination of candidates by the President and Censors, every candidate having first satisfied the Censors' Board by a testimonial from a Fellow or Member of the College to the effect that, as regards moral character and conduct, he is a fit and proper person to be admitted a Member of the College.

This election of Members takes place in a Comitia of Fellows *pledged to secrecy*. By-law CLXXI. reads thus:—"No Fellow of the College shall divulge any of the proceedings of the Meetings held for the election of Censors, or other College Officers, or of Fellows or Members of the College; or of any Meeting, the proceedings of which he shall be required by the President to keep secret."

Section XXIII. of the Medical Act of 1858 provides:—"In case it shall appear to the General Council that an attempt has been made by anybody, entitled under this Act to grant qualifications, to impose upon any candidate offering himself for examination an obligation to adopt or refrain from adopting the practice of any particular theory of medicine or surgery, as a test or condition of admitting him to examination, or of granting a certificate, it shall be lawful for the

said Council to represent the same to Her Majesty's Most Honourable Privy Council, and the said Privy Council may thereupon issue an injunction to such body so acting, directing them to desist from such practice : and in the event of their not complying therewith, then to order that such body shall cease to have the power of conferring any right to be registered under this Act so long as they shall continue such practice."

That the election of Members by a Comitia pledged to secrecy enables the College—if so minded—to defeat the provisions of this section is obvious. And who ever heard of a homœopath, an antivivisectionist, or an antivaccinationist being elected a Member of the Royal College of Physicians of London ? But, whether candidates be rejected on the ground of having adopted any particular theory of medicine or not, is it not possible that they are rejected for even less defensible reasons ?

The writer has known an M.D. Lond. go up for his Membership time after time, and be rejected ; and yet as an examination—that is to say, as a test of professional knowledge—the Membership is less severe than the M.D.

Seeing that the Fellowship or Membership of the Royal College of Physicians of London is an essential qualification for any appointment on the medical staff of a London hospital, it follows that the College Comitia—this twentieth-century Fehmgericht—sitting in secret conclave in the midst of London's busy life, has the power to blast at its very outset the career of one who might have become a benefactor of the race.

There is, moreover, the converse danger that Members may be admitted, not on the ground of their professional attainments, but of their social influence. Social position is a recognised ground for the election to the Fellowship : may it not be also to the Membership ?

As every candidate must before being admitted to the examination have satisfied the Censors' Board as to his fitness

in respect of moral character and conduct, should not his admission to the Membership depend on the results of the examination by the President and Censors, and not on the votes of a Comitia of the Fellows pledged to secrecy? That the present regulations are open to grave abuse must be obvious to all. The best of men are but men at the best, and not to be trusted to use justly an unjust prerogative.

Two of its By-laws.

There are two by-laws of the College which have an enormous influence on the relation of its Fellows and Members to the public, and, as they are in a measure correlative, they may be quoted together. By-law CLXXIII. reads thus :— "Every Fellow or Member of the College, in prescribing for a patient, shall write on his prescription the date thereof, the name of the patient, and the initial letters of his own name." By-law CLXXVI. rules :—"No Fellow or Member of the College shall be engaged in trade, or dispense medicines, or make any engagement with a chemist or any other person for the supply of medicines, or practise medicine or surgery in partnership, by deed or otherwise ; or be party to the transfer of patients or of the goodwill of a practice, to or from himself, for a pecuniary consideration."

The Object of these College By-laws.

From the concluding clauses of By-law CLXXVI., it will be seen that no Fellow or Member may practise medicine or surgery in partnership ; nor buy nor sell an introduction to the goodwill of a practice. It must be obvious to everyone that the effect of such a by-law must be to make of the Fellows and Members a class apart from the Licentiates, who are not hampered by these restrictions. That this is actually the object and aim of the College is apparently shown by the fact that from time to time it has

passed resolutions of increasing stringency, to meet the case of those practitioners who, from financial reasons, have been forced to earn their own living by commencing in general practice, and yet have had the ambition to do work at a hospital for which the Membership of the College was necessary. Supposing such an one, as a step to getting out of general practice, has to take a partner, he must resign the Membership of the College.

On the 28th January, 1897, the College passed the following resolutions :—

I.—"That in future, when application is made for the restoration of a Diploma of Membership, which has been surrendered, notice of such application shall be placed on the agenda paper for the next quarterly Comitia, with a request that any objections to such restoration should be sent by Fellows to the Censors' Board for their consideration, before the application is submitted to the vote of the College at the following quarterly Comitia."

II.—"That when the College decides to return the Diploma of Membership to any gentleman who has been permitted to withdraw, in his own interest, from the status of a Member, the name of such reinstated Member shall be placed at the bottom of the list of Members of the College."

The present writer, who resigned the Membership in 1894, was the first to have it re-granted under the terms of these resolutions in 1898, since which date but very few other Members—half-a-dozen or so—have been reinstated.

My experience thus briefly stated is, perhaps, of sufficient professional interest to be related a little more in detail. Having taken a partner with a view to getting out of general into consulting practice, I had immediately resigned the Membership, although I received what purported to be an assurance that no notice would be taken unless the attention of the College were officially drawn to the fact. Such

resignation was, further, forthwith notified to the Medical Secretary of the North-West London Hospital, on the staff of which I had worked at that time for about ten years ;— and the Secretary was requested to take off the Diploma from the qualifications attached to my name on the list of the medical staff.

Nearly four years afterwards—the more stringent regulations above referred to having in the meanwhile come into force—during my absence abroad from ill-health (the Committee having granted me leave of absence), a medical member of that same Committee reported to the Secretary that apparently I had resigned the Membership and taken a partner. Thereafter the Committee gave me three months' grace—after about fourteen years' service, you perceive—to retake the Membership.

In order to do so, it will be seen, I had to run the risk of an adverse vote by the Comitia, *pledged to secrecy*, in the ranks of which was the Fellow (with a capital F) who during my illness had gone behind my back to the hospital Secretary, who was, at my interview with the Committee, censured for having disclosed the individuality of the informer, or perhaps I should say, informant. He, in turn, refused to notify me of the identity of the individual who, he alleged, had brought a fact to his notice, which one might have thought was already fully known to all whom it could possibly concern. The incident has strongly confirmed in my mind the truth of an observation made by some one or another, that it is *God Almighty alone* that can make a *gentleman;* and I venture to think that it cannot be devoid of interest to every Englishman worthy of the name to have some insight into the conduct of the "higher interests" of what is nominally an "honourable" profession.

It will be seen at once that the immediate consequence of this action was to force me either to cut myself off from the income which I had been earning at Hampstead, or to admit

the failure of all those years during which I had been doing extra work in hospitals with a view to later specialisation. I chose the former alternative, even at the risk of my former Hampstead patients imputing bad faith to me, as I had assured them by circular letter, on the occasion of taking a new partner at Christmas, 1896, that I had no immediate intention of giving up practice at Hampstead. They may now understand for the first time how my hand was forced.

After nearly a quarter of a century's work at this hospital I have now resigned, and am at the moment of writing continuing the work at the request of the Committee. It is interesting to note that the advertisement for my successor makes the Membership of the College an alternative—and not a *sine quâ non*—for the appointment.

CHAPTER VI.

THE GENERAL MEDICAL COUNCIL.

To the General Medical Council is entrusted the registration of medical students and duly qualified medical practitioners. Its presumed duties are to protect the interests of those whose fees for such registration it has received, as well as to safeguard the standard of professional honour. Its judgments are founded on an unwritten code of laws, and are thus exposed to the danger of being but the caprice of the majority, or the prejudice of some unusually strong individual member.

The Council is a body consisting of thirty-four members, of whom twenty-four are representatives of the various teaching and examining corporations, five are appointed by the King acting on the advice of his Privy Council, and five are direct representatives—three for England and Wales, and one each for Scotland and Ireland.

The following extract from the *Medical Press*, March 16th, 1904, is worth quoting:—"The General Medical Council, mainly representative of class interests, has no power to prosecute irregular practitioners. On the other hand, that august body has both the will and power to harass to the utmost degree any offender against the written or unwritten laws of the medical profession. The history of how the penal machinery was set in action against a practitioner, who added an American degree to his English diploma, is written in indelible letters of accusation against the Council."

Charles Lamb excused himself for coming so late to the office on the ground that he left so early. In like manner, perhaps, the Council may excuse its excess of zeal in one direction by the apathy it displays in others.

The gentle irony of the Medical Act as it refers to the General Medical Council is worth noting. In the event of the Royal College of Physicians, for example, pursuing an illegal course in imposing unlawful conditions before admitting a candidate to examination or thereafter granting its certificate (although how this is to be known, when practised by a Comitia *pledged to secrecy*, is not evident), "*it shall be lawful* for the said Council to represent the same to Her Majesty's Most Honourable Privy Council, and the said Privy Council *may* thereupon issue an injunction, etc."

The increased number of the elected members of the General Medical Council proposed by the Medical Act Amendment Bill, although obviously a move in the right direction, would be futile, because inadequate, as the oligarchy would always be able to control a majority under the proposed conditions.

The recent election of Direct Representatives to the General Medical Council has been full of interest as showing how the British Medical Association is prepared to control to the very uttermost the election of candidates pledged to further the programme of the oligarchy governing it. In the Supplement to the *British Medical Journal* of November 3rd, 1906, there was a letter over the signature "H. A. Latimer, M.D.," in which attention was drawn to a strange discrepancy, as the writer thought, between a vote proposed at a meeting of the Marylebone Division of the Metropolitan Counties Branch by Mr. Armour, seconded by Sir Victor Horsley, and carried—"That no scheme of representation not based on territorial arrangement be considered by this meeting,"—and the subsequent vote at the same meeting, proposed by Sir Victor Horsley, seconded by the Honorary Medical Secretary, and carried—"That at the proper time the resolutions supporting Dr. McManus, Dr. Langley Browne and Mr. Rutherford Morison should be communicated to every member of the Division."

"Now, my object," said Dr. Latimer, "in writing this letter is to ask how the first and last resolutions carried at the Marylebone divisional meeting can be made to square with each other. The coming election of Direct Representatives is for three members of the General Medical Council to be chosen by the registered practitioners of England and Wales. With glorious inconsistency, the first resolution affirms that a territorial arrangement of representation is to be a *sine quâ non* with the Division in its votes, and then, as a sequel to this resolution, the meeting gravely proceeds to choose three representatives from England, and to leave Wales absolutely out of its consideration."

But we all know what may happen to the best-devised plans of both mice and men; and the British Medical Association scheme met with the same fate owing to a secretary's confusion as to the date by which the nomination papers of Mr. Rutherford Morison had to be sent in. Making a virtue of necessity, the name of Dr. Latimer was associated with that of the remaining two candidates, and, the British Medical Association *nolens volens*, gallant little Wales obtained its nominal representative, seeing that the three Association candidates were duly elected, the late Direct Representatives, Messrs. Brown and Jackson, being left out in the cold, although the former had served on the Council as an independent member for nearly ten years, and the latter for about five years.

Is it possible, therefore, to avoid the conclusion that the masses of the profession in England and Wales, as opposed to its governing oligarchy, are absolutely without an independent representative on the General Medical Council?

The extreme gravity of the situation suggested by Dr. Latimer's letter, above quoted, in my judgment assumes a still more sinister aspect in the light of the circumstances which had preceded that election. In the *Medical Times and Hospital Gazette* for August 11th, 1906, there was an article

headed "The British Medical Association Election Fiasco," from which I quote the following extracts: "To ensure 'loyalty' to the Association it was resolved that each candidate should sign a declaration that if elected he would in all respects carry out the policy dictated by the Association, and, moreover, if not elected as a candidate, he would not allow himself to be nominated as a candidate. . . . We strongly suspect that the real reason for trotting out the scheme was a desire to throw out Messrs. Brown and Jackson, the present representatives. General practitioners, as a rule, are not very popular with certain metropolitan members, and it is pretty evident if the scheme had not been smashed three consultants would have been selected to contest the seats on behalf of the Association. Mr. Brown declined to sign the declaration, preferring to contest the seat as an independent candidate rather than be returned to sit at the Council as a delegate of any association."

It appears that this scheme would have been persevered with but for an expression of opinion on the part of the President of the General Medical Council to the effect that, having regard "to the observations of the Lords Justices in Allinson's appeal, I think it proper to state that, in my opinion, a member of the Council pledged to follow the directions of an association, or belonging to an association giving such directions, would be precluded from taking any part in judicial inquiries before the Council in which, as informants or otherwise, the association was concerned."

That the scheme of the British Medical Association should have contemplated an attempt to combine prosecution with judicial functions is, in my judgment, but one item in the evidence available which tends to show how the hierarchy of the profession have sacrificed the traditions which as Britons we once not only venerated, but acted upon. It appears that it is unknown to whom the conception of this scheme is to be attributed, as no one seems anxious to claim its

paternity. One presumes that it is not one of "the splendid services rendered to the British Medical Association" by Sir Victor Horsley, which should be recognised by holding the annual meeting of the Association in London, with a view to his being nominated as President.

A leading article in the *British Medical Journal* of February 2nd, 1907, "Professional Misconduct and the Law," concluded with these words :—"There is one other matter relating to this case which calls for brief comment. In accordance with the procedure at present adopted by the General Medical Council, documents of a highly confidential character are received by it for the purpose of dealing with disciplinary cases. The knowledge that such documents might at some time or another be produced in a court of justice would inevitably deter persons from making communications to the Council. In the course of the proceedings before Mr. Justice Warrington, the Registrar to the Council was called upon a subpœna *duces tecum* to produce a file of documents. Counsel for the Council objected, and even went the length of saying that the Registrar would rather be committed for contempt than have it laid down that all such documents should be produced. In the event, the learned judge simply looked at one document which was produced, and gave no ruling on the point ; but the incident shows that the General Medical Council will strenuously resist any attempt to violate the confidential character of documents submitted to it in disciplinary cases."

The above paragraph I submit to the careful consideration of every legislator who will vote on the various Bills affecting the profession of medicine that may come before the present Parliament, as it appears to me impossible to exaggerate the gravity of these remarks and the condition of affairs which is, perhaps, thereby disclosed. Most of us can remember at the time of the Dreyfus trial the heartiness with which this country thanked God that it was not as

others, nor even as that pleasant land of France. A *secret dossier* in this country : it would be too absurd to suggest such a thing ! And yet it appears that the *dossier* held by the General Medical Council may be of so secret a character that the Registrar would be committed for contempt, defy his country's laws, and his Sovereign in the person of his Majesty's judges, rather than produce it. The Fehmgericht of Pall Mall assumes very modest proportions in comparison with that which holds its sittings in the somewhat prosaic building, 299, Oxford Street, which surely—now that we know—will have some interest for the sightseer, as a survival of mediævalism in the very centre of modern life and activity.

Truth, in an article on "The Abuse of Medical Trade Unionism," in its issue of February 20th, 1907, dealt with the case of Clifford *v.* Timms and Mr. Justice Warrington's judgment thereon trenchantly, and showed in the most conclusive manner that the interests of the general practitioner are the interests of the public, and that they are both opposed to a course of procedure by the General Medical Council which "is simply abominable and incompatible with the proper administration of justice." "I believe I am right in saying," said the writer, "that even the man who is on his trial before the Council is kept in the dark as to much of the evidence against him ; and it is a fair presumption that this is so, for if the evidence were disclosed to him there would no longer be any possibility of that secrecy which the Council claims for it. The Council, in short, seems to follow a procedure for which the only parallel is that connected with the Lion's Mouth at Venice. Any man can write any lie about another and transmit it to the General Medical Council in the full assurance that neither his identity nor the statement he has made will ever be disclosed ; and the man incriminated is called upon to defend himself without knowing what defamatory allegations have been secretly made to the Council against him."

In the Dreyfus *affaire* we know that the production of the *dossier* led to the discovery of an Esterhazy, a Henry, and a Mercier. Is this where the difficulty of the General Medical Council comes in? And is it for fear that amongst the Direct Representatives, by some unlucky accident, a Picquart might be found, that the British Medical Association sought to employ its machinery in the selection and election of the candidates?

Since writing the above paragraph, the crying need for the reform, *root and branch*, of the General Medical Council has been brought home to me with overpowering force from perusing a certain pamphlet by Dr. Alabone, "'Infamous Conduct.' Edwin W. Alabone *versus* Victor Horsley," a pamphlet which was recently sent me by a medical practitioner. I feel very strongly on this subject, because deeply honoured friends of my own were great admirers of Dr. Alabone, and, whenever his praises were warmly sung, I am but too conscious of showing that chilling reserve which is unavoidable when one believes that there is *something behind*. How could I think otherwise when the General Medical Council had erased his name from the Register? But what are the facts disclosed in the pamphlet, which was written to refute a statement publicly made at Manchester on May 1st, 1900, in which Mr. (now Sir) Victor Horsley described Dr. Alabone as "a man who had been found guilty of 'infamous conduct'"?

Dr. Alabone was removed from the roll of the Royal College of Surgeons on account of an article in *Moonshine*, one of a series which included, it is alleged, such names as the late Sir Henry Thompson, Sir William Gull, Sir Andrew Clark, Sir Morell Mackenzie, and others. And the General Medical Council resolved—"That as Mr. Alabone's only registered qualification had been that of a Member of the College, the Medical Council, finding him to have been deprived of that qualification, has ordered his name to be erased from the Medical Register."

"This matter," writes Dr. Alabone, "affected me not at all, and is only mentioned here as the whole of Mr. Victor Horsley's malicious attack upon me, and his animadversions upon the legal advisers of the Medical Council and the very magistrate himself in a more recent case to which I am about to allude, were based on an assumption which, as a member of the Council, he *must have known to be false*, that my name was removed from the Register for 'INFAMOUS CONDUCT.' To their credit, the Council, their advisers, and the organs of the medical profession have warmly repudiated this most infamous falsehood of Mr. Victor Horsley, who, though challenged again and again, has, from the day he made it, not attempted to justify his libellous statement in any way whatever."

The case before the magistrate to which Dr. Alabone alludes was his summons at the North London Police Court, under Section 40 of the Medical Act, for "wilfully and falsely pretending to be a doctor of medicine, and taking certain titles which implied recognition by the law as a practitioner of medicine." The magistrate found that—"There was ample evidence to show that Dr. Alabone had been registered under the Medical Act of 1858, that his statements were in no way false or calculated to deceive. The summons would be dismissed, with ten guineas costs."

Personally, I have no knowledge of these matters ; but, with all deference, I humbly submit to every legislator on whom will rest the responsibility of dealing with the medical questions in King Edward's Hospital Fund Bill and in the Medical Acts Amendment Bill, as well as in the matter of the Charters for the British Medical Association, and of the amalgamated medical societies of London, that he should insist on knowing the truth respecting the very grave position of affairs indicated by the above allegations in respect of one who may be regarded as, perhaps, the most active and militant member of the profession, whether he be considered

as its brightest ornament, or, on the other hand, as its evil genius.

I have dealt elsewhere (page 100) with the logic displayed by Sir Victor Horsley in arriving at conclusions from the statistics of his operations. Here, it appears to me, considerations become urgent which are of a different character, especially in view of the fact that Sir Victor Horsley is perhaps the most influential person in the British Medical Association. And their urgency is not diminished when it becomes apparent that Sir Victor claims for himself mental attributes which are perhaps best appreciated by reading a speech made in a Conference on Medical Organisation at Manchester, reported in the *Lancet* of May 5th, 1900, as follows:—"I have selected and published in the *British Medical Journal* a number of cases in which our right to practise has been attacked, and has been defended with or without success. *The most striking example of the kind I allude to is the decision given in the Alabone case, in which a man who had been struck off the Register for infamous conduct was summoned for using certain bogus American degrees*, giving such indications as to make them resemble American diplomas or degrees which are registrable under the present Act. Yet the lawyers of the General Medical Council presented the case to the magistrate in such a way that the magistrate decided that Alabone carried on a perfectly genuine practice, and that his bogus diplomas were genuine diplomas. It is impossible to understand how any judicial mind could have come to such a conclusion; but there are the facts, and you have to face them. As to the action of the lawyers of the General Medical Council and their responsibility, I have given notice that I shall draw attention to it." (The above quotation, with the different italics, is reprinted from Dr. Alabone's pamphlet.)

In the *Lancet* of June 2nd, it appears that Sir Victor Horsley, replying to a letter from Dr. Alabone's solicitor,

misquoted the Act of Parliament by substituting the word *name* for *qualification*, although one may not be justified in asserting that "he did not scruple to misquote the Act in order to gain his ends."

I should like to say that I am a perfect stranger to Dr. Alabone, and have never had a wrong word with Sir Victor Horsley, whom I had greatly respected until reading this Alabone controversy. Whether the facts to which attention is drawn in this book would seem to indicate that Sir Victor Horsley is a man representative of those tendencies which are destroying—even if they have not already destroyed—all that was highest and best in the profession of medicine, it is not for me to say. A Parliament so largely composed of lawyers may be fairly presumed to possess the "judicial mind" which Sir Victor Horsley seemed inclined to deny to the magistrate who found in Dr. Alabone's favour. The subject is, however, a very grave one from the point of view of the increased powers which are at present sought by the hierarchy of which Sir Victor Horsley is perhaps—and I do not contest his deserts—the dominant genius.

The real spirit actuating the General Medical Council is conclusively shown from the fact that that august body has consistently refused to petition the Privy Council for an augmentation in the number of the Direct Representatives, although the roll of the University representatives has constantly increased of late years by the creation of new schools of medicine. Will a House of Commons, brought face to face with the paralysing veto of an upper chamber representative only of class interests, continue to a hierarchy, who have prostituted the high prerogatives with which they have been entrusted to their own selfish interests, the unlimited power which they at present enjoy—a power from which there is no appeal to the High Court of Justice—a power which, on the facts disclosed, may possibly be wielded by a single individual

carrying with him a majority of a body bound up with himself in a community of self-interest?

I refer repeatedly in this book to Dr. Alabone, whose success in the cure of consumption—a success which is not conferred by registration—has secured for him powerful friends who ventilate the matter in the Press, and thus enable the public to judge of the merits of the case. But think of those who are helpless and friendless, to whom the action of the Council means that they join the submerged tenth, and reach, perhaps, the drunkard's grave, driven there, for all I know, by men who pose as temperance reformers. "Loyalty to the profession" may lead medical coroners to hush up this side of truth. What, I venture to say, is self-evident to everyone cognisant with the methods of advertisement permissible to the hierarch, and, on the other hand, with the trivial lapses which may entail utter ruin on the humble member of the profession, is, that every individual member of this modern Fehmgericht may be an incomparably greater offender against the "higher interests of the profession" (as I understand them) than the defendant whom the Council hounds to the doss-house and to death.

Unless Medicine is prepared to admit that it is no longer an honourable profession, then something must be done to deal with the iniquity of this General Medical Council. Supposing that a correspondent personally unknown to me wrote:—"Were you to know the abominably underhand proceedings of this Council you would be indignant: bribery to a witness to commit perjury is nothing"; could I help being influenced by it when I know that the Registrar of the General Medical Council would prefer being committed for contempt rather than produce in the High Court of Justice the *secret dossier* on which the Council had convicted a defendant?

The underlying principle is that of subservience to "Authority" in opposition to "Truth." For thirteen centuries some of the greatest anatomists the world has

ever seen taught that between the two sides of the heart there were certain pores. No one could find them; but Galen had said that there were such, and that surely was enough. To support "Authority," therefore, *Observation* must be sacrificed; to believe one's own eyes becomes a heresy.

And from the sacrifice of Observation to the immolation of Conscience there is but a very small step. A hierarchy cannot exist on any other condition than the acceptance as an axiomatic truth of the formula, *"It is expedient for us that one man die."* There is the same confusion of thought in the mind of the hierarch to-day as there was two thousand years ago, and doubtless has been throughout the world's history. Then it was the safety of the "nation" that demanded the sacrifice: but yesterday it was the honour of the French Army; to-day it is the "etiquette" of Medicine. These are all instances of confusion of thought. The real interest at stake, for which all human and divine right must be sacrificed, is the material advantage of a corrupt oligarchy —*a despotism*, whether it be hierarchical or military. How long men may remain individually and non-officially honourable, whilst collectively and corporately otherwise, I would not venture to inquire. But I shall not hesitate to draw attention in this essay to the attitude of mind of certain distinguished hierarchs.

Confining my observations for the moment to the purely intellectual side of the question, the reader will quite understand the interest with which I noted that the Representative of the Royal College of Physicians of London on the General Medical Council was Dr. Norman Moore, to whose arguments with regard to the non-reliability of the microscope in the diagnosis of cancer, on the occasion of a discussion at the Royal Medico-Chirurgical Society *re* alleged successes from the treatment of cancer by viclet leaves, attention has been drawn (although Dr. Norman Moore's name was not given)

in my book "The Cure of Cancer: and how Surgery blocks the Way." I do not, of course, claim that my own logical powers are less biassed or are any more reliable than those of Dr. Norman Moore: all I say is, that, *from my point of view*, it would be difficult to find a clearer instance of reasoning in a circle, or a more illustrious example of a mind incapable of dealing with a question affecting time-honoured opinions. That the matter indirectly concerns the financial interests of the professional hierarchy is not an essential part of my contention.

The Representative on the Council of the Royal College of Surgeons of England is Mr. Henry Morris, its present President. "The caution and logical attitude" of his mind has been referred to in my work above quoted as possibly one of the causes of the increased mortality from cancer. Here, again, I am only presenting my own point of view; and in favour of that point of view I have (*loc. cit.*) furnished the grounds of my argument.

Is there any *primâ facie* reason to suppose that these gentlemen—the Representatives of the two premier Corporations—are other than representative of the whole trend of official thought towards unorthodox views doubtless regarded as dangerous innovations?

Yet to a tribunal so composed the powers of life and death (in a professional sense) are relegated, *without the right of appeal!!!*

CHAPTER VII.

THE BRITISH MEDICAL ASSOCIATION.

The British Medical Association, as originally conceived, was, I imagine, a sort of Medical Republic or system of Socialism. But what has it become? Exactly what one might have anticipated under the conditions existent. There is a profession consisting of a governing oligarchy or hierarchy, between whom and the bulk of the profession there has been created a "great gulf." The hierarchy has the unity afforded by community of interests, of qualifications, of vows, and of creed. It has the time and leisure to safeguard those interests. On the other hand, there are the rank and file—the "hewers of wood and drawers of water"—engaged in such arduous duties for a bare existence that they have no time to agitate for reform. There is no cohesion in their ranks. If one of their number has somewhat better qualifications than his neighbours he becomes at once the target for the shafts of "envy, hatred, malice, and all uncharitableness."

What is the reasonable consequence of the upgrowth of a powerful organisation like the British Medical Association under conditions such as those predicated? I should anticipate that the governing oligarchy would utilise the advantages accruing to a powerful organisation, as well as the large funds provided by the medical masses, to consolidate their own interests—interests which are essentially opposed to those of the great majority of the Association. Before deciding that such is not really the case with the British Medical Association it would be well for the reader to consider carefully the facts referred to by Dr. Latimer (as

quoted on page 57), as well as the statement of the writer of "Amongst the Gods," to the effect that no amendment was allowed at the meeting called for the purpose of discussing "Economics." If the latter incident is recorded in the official account of the meeting in the Supplement to the *British Medical Journal*, I must have overlooked it. Is there any other explanation possible for these facts than the determination of the oligarchy to use the machinery of the British Medical Association for the furtherance of its own projects?

It has been said that a man's character may be understood from his bookshelves. It is surely at least equally true that the aims and objects of any body of men (that is to say, of the *government* of that body of men) may be found in its official Press organ. And it is for this reason that I propose to draw special attention to, and invite careful consideration of, the attitude of the *British Medical Journal*, to certain points of vital interest to the profession and to the public.

The powers which the British Medical Association wields, in preventing the diffusion of medical knowledge and "imposing restrictive conditions on the conduct of the business" of healing disease, are of a very remarkable character. I am speaking from memory, but am fairly confident of the accuracy of the following statement. Supposing that it is desired to read a paper before the Association at one of the annual meetings, an abstract of that paper has first to be submitted. If accepted, it becomes the property of the Association, *whether it be read or not;* but it is not published, or may not be published, unless it is read. In this way the Association assumes to itself not only the power of censorship but of vetoing progress along lines which are prejudicial—or may be thought to be prejudicial—to the financial interest of the dominant hierarchy. These facts give an added interest to my experience at the hands of the *British Medical Journal*, which is the official organ of the

British Medical Association; and to these attention will shortly be directed.

The British Medical Association, as it appears to me, is a powerful organisation—not for furthering the higher interests of the profession, but for securing the servitude of the majority in the interests of a minority. That I am not alone in this opinion, I judge from the article in *Truth* of February 20th, 1907, "The Abuses of Medical Trade Unionism." After referring to the case of a general practitioner turned out of the profession under circumstances which I shall note later in this essay, the writer, who, it must be remembered, is admittedly an expert on the staff of a journal the *raison d'être* of which is to succour truth and oppose fraud, went on to say:—"It is very doubtful whether the general practitioner has any substantial interest in the crusade against advertising which is carried on so busily and remorselessly by the British Medical Association, with the General Medical Council at its back. On the other hand, it is perfectly certain that, in the upper grades of the profession, advertising, less frank but far more effectual than that of the little club doctor in the above case, is practised systematically and with enormous profit, and the British Medical Association and the General Medical Council are powerless to stop it—even if they have any desire to do so, which is improbable. . . . The precious Medico-Ethical Section of the British Medical Association will have him" (the struggling practitioner) "before the Council in an instant, and the Council will not think twice about depriving him of the right to practise, and packing him off with his wife and children to the nearest workhouse. Meantime, the county hospital may advertise the imposing list of its staff in every newspaper, and send it to every householder from whom it solicits subscriptions, without a word of objection from any professional authority."

The whole article is, however, of so much importance that it should be carefully studied by every member of the

profession. It confirms me in the view that the functions of the General Medical Council and the British Medical Association are the modern representatives of *Annas* and *Caiaphas* in the Temple of Æsculapius to-day.

The *Weekly Times and Echo*, in a friendly reference to my leaving the profession as a protest against the action of the Royal College of Physicians, invited others to follow my example. I admit that I should not dare to do this, although it would be a fine thing to have a "Society of Unregistered Practitioners," whose *raison d'être* should be the restoration of those principles of truth and righteousness, humanity and self-sacrifice, the traditions of which, apparently, are to-day chiefly precious to the hierarchy, much in the same way as the alleged skulls of the Three Wise Men (the Magi) are to the Archbishops of Cologne. But whilst I dare not invite others to a course for which previous hardships may not have prepared them, I do with all earnestness ask the serious attention of every man of honour in the profession to the question whether he may not help its "higher interests" by resigning the membership of the British Medical Association. What would you, my reader, sacrifice thereby? Surely but very little compared with the great interests that might be served of freeing the profession from the thraldom of an organisation which—in my judgment, and apparently in that of *Truth*—has entailed the most grievous burdens. Once more I counsel my reader to study well those articles,(*a*) each for himself.

The force of my suggestion receives confirmation from a letter signed by "A Member of the Association," which appears in the issue of March 16th, 1907, of the *British Medical Journal*, under the heading "The Membership of the Association." It reads thus :—"Might not much useful information be obtained by Secretaries of Divisions ascertaining from non-members of the Association in their

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(*a*) *Truth*, Feb. 13th and 20th, and March 13th, 1907.

respective Divisions the reason why such gentlemen refrain from joining the Association? The usefulness of the Association is restricted by this lack of unity in the profession, as, when votes upon certain important matters are taken, unanimity cannot be assured. Incidentally, the funds of the Association would be largely increased, and *pari passu* the power of the Association."

The foregoing letter I commend to the thoughtful consideration of every member of the profession of medicine, and I hope that as its consequence there may be many resignations of the membership of the Association. "*Unanimity*" *is only to be obtained at the expense of freedom.* My own resignation of the membership of the Association will be handed in with a copy of the present publication and a covering letter explaining that I take this course because, to the best of my judgment, its official organ presents too many instances of that cant which, like cancer, is eating into the backbone of our nation, to the dishonour of the profession of medicine. The reader of the present essay must judge whether the facts herein disclosed constitute reasonable grounds for the conclusion at which I have arrived. A copy of the letter will be found at the end of this book.

CHAPTER VIII.

MEDICAL SOCIETIES.

The Medical Societies constitute another factor in the oligarchical government of the medical profession, and a very potent means "for imposing restrictive conditions on the conduct of its business."

As the writer is confining himself to personal experiences, the following observations apply to the London Obstetrical Society and its more modern rival, the British Gynæcological Society, which, unfortunately, in its early days fell under the influence of men, since dead, whose operative zeal exceeded their discretion. Whether the hope of improved conditions suggested by these words has any foundation in fact, I am not too sure, in view of my later experiences at the hands of the Society. The reader will kindly excuse the personal character of the following narrative.

The British Gynæcological Society.

On learning, in 1887, of the work of Dr. Apostoli in the treatment of fibroid tumours by electricity, I went over to Paris to study the method, and, after a certain amount of personal experience in its application, wrote a short paper, which was submitted to an assistant editor of the *Lancet*, who some time afterwards wrote to express his regret at its having been mislaid, but at the same time undertook to give insertion to a fresh paper on the subject.

In the meanwhile, however, having become interested in investigating the principles which underlay the treatment, I drew up the results of such observations and experiments in

a paper which was accepted by the British Gynæcological Society, and put down for reading as on Thursday, March 14th, 1888. Having dined with the President, he sent me in his carriage to the meeting. A paper was read on a precisely similar subject to my own, but owing, I should say, to imperfect methods of experimentation, its author had arrived at negative results. At the close of the meeting, on asking the President if my paper was to be read next month, he replied, "No, I left the manuscript at home." He assigned a reason which at first completely staggered me.

Having sufficient sense, however, to see that this action was the greatest tribute possible to the paper, I submitted it to Sir John Williams, the President of the Obstetrical Society, who in turn sent it to the official referees, by whom it was accepted, with a request for an appendix giving details of the experiments. Subsequently published in the Obstetrical Society's *Transactions* for 1888, the paper met with very generous recognition both in America and Germany; and some, at least, of those observations are now recognised as so fundamentally true, that my association with them is quite forgotten—after all, the highest tribute that can be accorded to any man's work.

A short passage from the address with which the adjourned meeting of the British Gynæcological Society was opened on the occasion above referred to, by the speaker who had moved the adjournment of the debate on the former evening, *although my advertised paper had not been read*, is worth quoting, and worth thinking over, especially when one remembers that the paper "left at home" alleged positive results, whereas the paper actually read recorded negative ones. The passage reads thus:—"I was very much impressed by Dr. Parsons' paper—I may say I was very much gratified—not because it tended to knock to pieces the whole fabric that has been so elaborately built up, and with such a

flourish of trumpets, not because it showed that this new method of treatment has failed to come up to the expectations formed of it, or to furnish evidence in support of the claim that has been set up for it, but because it confirmed the views I had formed after a careful consideration of the evidence hitherto produced in its favour. And I draw this comforting and flattering conclusion: that I seemed to know, perhaps divined, more about the subject than I ever gave myself credit for."

It is not altogether surprising that the learned orator found himself able to assure his hearers, in concluding an address which was entirely worthy of "the caution and logical attitude with which English hospital surgeons" approach the consideration of any treatment other than the knife, that "I believe these operations will not be done away with, nor we surgeons find that, like Othello, our 'occupation 's gone.'"

It is interesting to note that it is the action of the Council of the British Gynæcological Society in reference to my work, "Fibroid Tumour: a New Treatment for Fibroid Tumour and some other Diseases of Women without Operation," that has now brought matters to the present crisis in my professional career.

Dr. Robert Bell (*loc. cit.*, p. 88) gives an account of his experience at the hands of the British Gynæcological Society, which is almost ridiculously parallel to my own, above narrated; and, to make the coincidences even more striking, we are both ex-Vice-Presidents of the Society. It was at the request of the Secretary that I wrote my paper; and he, it would seem, wrote his at the invitation of the President. "Last year," says Dr. Bell, "the President of the Gynæcological Society invited me to write a paper on the subject of Cancer and its Treatment without Operation. This, I may mention, is the Society I read my first paper to, on the *same* subject, in 1896, and as it is the Society which deals solely

with the diseases peculiar to women, I prepared a paper, the subject of which was 'The Treatment of Cancer of the Womb and of the Female Breast.' Now, one could hardly have selected a subject of greater interest to members of a Society which professes to take cognizance of the diseases of women, and these only. Much to my surprise, then, after having received a letter from the Secretary inquiring upon what evening I would like to read my paper, I was informed that the Scrutinising Committee had come to the conclusion that the paper was not 'suitable' for the Society."

The London Obstetrical Society.

A paper sent to the London Obstetrical Society on November 14th, 1894, on "Peritonitis: its Nature and Treatment," was read on January 2nd, 1895, and created sufficient interest for the discussion to be prolonged by special vote to a later hour.

It was at this juncture that the President-elect of the British Gynæcological Society asked me to be Secretary, and, looking on this as the *amende honorable* for their previous action, I accepted. On the morning of the annual meeting at which the appointment was to be confirmed, a very influential Fellow of the Obstetrical Society urged me to withdraw, even at the last moment—a course which I did not feel able to follow.

A few days later I received the intimation that the Obstetrical Society would publish my paper on Peritonitis *in abstract only*, that is to say, the few lines into which were condensed the headings of the subject.

The note in the Obstetrical Society's *Transactions* for 1895 is as follows:—"This paper was read, but, as the Council decided to publish it only in abstract, the author asked for and obtained permission to withdraw it, in order to publish it elsewhere." My memory of events somewhat differs from

the above, but the reader will notice the claim made by the Society to property in the paper submitted, and will doubtless appreciate its scope.

This paper never has been published. The power of the oligarchy lies in this—that the masses of the profession are engaged in work of so arduous a character that they have neither time nor strength to persevere in asserting their rights. The little literary work that the present writer has been able to do has on occasion been done by working straight on from the early morning of one day to the evening of the following day.

With regard to the value of the treatment suggested I may be allowed to say :—that the intervening years have continually strengthened my belief, and that quite recently it has received the most striking confirmation in the saving of life. Summed up in two words, the suggestion was this: Peritonitis may kill—and very often does—owing to the patient being poisoned through the absorption of toxins from the stomach and bowels. The treatment, therefore, should consist in emptying the bowels and keeping the stomach free from matters regurgitated into it from the bowel, using lavage for this purpose when necessary. At the same time the heart-strength must be supported by strychnia, the oxidising powers of the blood increased by inhalations of oxygen, and the action of the kidneys promoted, for example, by digitalis.

I do not think that many people, perhaps, have cared less for personal recognition in these matters than myself, and I am perfectly aware that to claim originality for anything is an exceedingly dangerous proceeding—"there is no new thing under the sun!"

But certainly lack of originality was not the complaint urged during the debate against the proceedings suggested. That they were on the whole worthy of consideration, and therefore of publication, appears to me fairly established, seeing that Sir Frederick Treves looks on strychnia from the

same point of view as I do myself; that in 1905 a titled surgeon reported cases in which he thought washing out the stomach had saved lives that would have been otherwise sacrificed; and that not so long ago a special train was employed to send oxygen into the country for a patient who was being attended by the distinguished obstetrician to whose kindness as the new President of the Obstetrical Society of London I owed the return of my paper, with the right of publication elsewhere.

Although my paper on "Peritonitis: its Nature and Treatment" had, of course, been passed by the official referees appointed for the purpose of scrutinising such proffered contributions, after my election as Secretary to the British Gynæcological Society, the then President of the Obstetrical Society proposed that its title should be changed to "The Advantages of Washing out the Stomach in Peritonitis." To this I would not agree, as the scope of the paper was wider, viz., the contention that the actual cause of death in the majority of the fatal cases of peritonitis—that is to say, its "nature"—was a toxæmia or blood-poisoning, to deal with which, not only must the bowels be made to act, and, if necessary, the stomach washed out, (in order to prevent the admission of the poison into the system,) but, *when there*, such poison was to be eliminated as quickly as possible by the kidneys, and burnt up in the lungs by an extra supply of oxygen.

Mr. Lawson Tait had already recognised the importance of getting the bowels to act early after abdominal section, and, strange as it may appear to the lay mind, this proposal, which has been the means of reducing the mortality after abdominal section to proportions which would otherwise have been impossible, was opposed, not on its merits, but because Mr. Lawson Tait was a *persona ingrata* with the London hierarchy. To-day its value is universally recognised.

So far as I understand, however, Mr. Tait's idea was that such action prevented paralysis of the bowel and the abdominal distension which is the gravest and most dreaded symptom after operation. My view, whilst recognising the extreme importance of his practical suggestion, regarded it as but a part of the whole, treatment being directed to prevent and to overcome a condition which I regarded as essentially a toxæmia.

The amalgamation of the medical societies being now an accomplished fact, and the title therefor having been actually chosen—Royal Society of Medicine—my personal experiences above narrated become of increasing significance, and may be presumed to throw some light on the statement made by Sir William Broadbent in his controversy with Dr. Alabone, which will shortly be referred to:—"If it" (Dr. Alabone's treatment of consumption) "had been duly discussed in the different medical societies while Mr. Alabone was a member of the medical profession, it would have found its level." If Sir William suggests "its *true* level," one may reasonably feel some legitimate uncertainty about the matter.

Obviously under present circumstances it will become increasingly difficult—or even impossible—to get consideration for any form of treatment which does not conform to orthodox conceptions, or that may seem to clash with the interests of the governing oligarchy. It appears to me to be an attempt to weld even more strongly the fetters which bind the profession in the interests of its rulers.

CHAPTER IX.

MEDICAL JOURNALISM.

MEDICAL journalism appears to me to fulfil the functions of the *état-major* to the governing oligarchy in more ways than, perhaps, I should care too closely to scrutinise, still less to discuss. The *British Medical Journal*, in an article, "The Phantom Cancer Commission" (April 25th, 1903), severely criticised the attitude of certain organs of the lay press towards certain medical problems. The writer concluded with the following words :—"The true function of the Press is to enlighten the public mind and foster truth, and the newspaper that . . . misleads its readers betrays a sacred trust."

I propose to narrate my own experience of the metropolitan medical press without comment, avoiding even the suggestion that it is betraying the trust which the public and profession alike implicitly repose in it. The importance of a free medical press is rendered increasingly urgent by the enhanced powers which the medical oligarchy seeks in the Medical Acts Amendment Bill.

THE "LANCET" AND THE CURE OF CANCER.

In the *Lancet* for November 14th, 1903, there was an address occupying (with the subsequent discussion) upwards of twelve columns on "Dr. Otto Schmidt's Specific Treatment of Cancer." The *Lancet* had been asked, it appears, to send a reporter to the Abernethian Society—the Student Society of St. Bartholomew's Hospital—to report this address. It did so. At this meeting there was also the reporter of the *Daily Mail*. I am presuming dual individuality.

The *Lancet*, in a leading article (exceeding two columns in length), pointed out a serious misapprehension on the part of the author of the address, and expressed its regret at the premature publicity given in the pages of the daily press. "Surely," it added, "the most elementary ideas of humanity would suggest that the sale of a few extra copies of a journal is but a poor set-off to the aggregate of sorrow and disappointment caused to those who have already sufficient evil to endure."

Nothing could be more correct than this attitude. But patients went, or were sent, to Cologne—so, at least, I understood—to be treated by Dr. Schmidt, in direct consequence of the prominence given by the *Lancet* to the treatment. I myself twice visited Cologne in order to study Dr. Schmidt's methods and results, in consequence of hearing of the *Lancet* article; and certainly had an opportunity of witnessing for myself some of that "aggregate of sorrow and disappointment caused to those who have already sufficient evil to endure."

After my second visit—at a month's interval from the first—I submitted to the *Lancet* a report of my observations, making it as complete as possible, but, at the same time, leaving the reader to draw his own conclusions from the facts. The *Lancet* returned the manuscript with the intimation—"If you decide to issue it as a pamphlet we will review it, and probably your purpose would be better served in this way."

Without any loss of time the paper was issued as a pamphlet—"Dr. Otto Schmidt's Specific Treatment of Cancer: A Critique based on Personal Observation"—and was published by Mr. Henry J. Glaisher, 57, Wigmore Street, Cavendish Square, W., at one shilling net. Two copies were sent to the *Lancet* at different dates. No review, so far as I am aware, appeared.

Some weeks later the treatment was found to be useless in this country, and the author of the address at the

Abernethian Society, in a published letter addressed to the Cancer Investigation Committee at Middlesex Hospital, acknowledged that the experiments carried out by him under the supervision of Dr. Barlow had failed to demonstrate the results which he had described.

But there was always the doubt as to whether Dr. Schmidt obtained better results than his representative here, and on March 18th, 1904, *in consequence of hearing* that patients were still going to Cologne for treatment, the writer again addressed the *Lancet*, hoping this journal would give the same prominence to his observations as to the original communication. But still no notice, so far as he is aware.

The writer's sole object at this time was to show that, so far as his observations went, the results in Dr. Schmidt's own hands were not more favourable than those obtained in this country. Indeed, the author of the original communication had thanked the writer for the pamphlet, as showing that his failures were not the result of any deficient technique on his part.

When on my way back to Cologne, I called on Professor Krumbein at the Bacteriological Laboratory at Berne, and told him of Dr. Schmidt's methods. The Professor laughed, and said that I (the present writer) must be putting the "cart before the horse."

From a distinguished German surgeon I received the following:—"What I cannot understand is, how the Abernethian Society accepted the paper, which to anybody understanding the elements of pathology and bacteriology was full of impossibilities." And if this objection be fairly raised against the acceptance of the paper by a Student Society, is it less true of a journal, which some suppose to be the leader of medical thought in this country?

Nearly three years later (September, 1906), Professor Czerny(*a*) concluded his address at the Heidelberg Inter-

(*a*) *Zeitschrift fuer Krebsforschung*, Berlin, 1907, p. 35.

national Conference for Cancer-Research by referring to Dr. Otto Schmidt's cancer-serum. He did so, he said, because Dr. Schmidt had in the public journals mentioned his (Professor Czerny's) clinic as the chief witness (*Kronzeuge*) to the efficacy of his method. Dr. Czerny concluded thus :— "The therapeutic injections which we employed in seven very serious and otherwise hopeless cases were without visible result on the course of the disease, although we must admit that they were not persevered with sufficiently. Under any circumstances Schmidt's method is still quite immature and far from being sufficiently worked out to justify its leaving the research-laboratory." I am glad to be able to quote such an eminent authority in confirmation of the observations recorded by myself.

In striking, and to me incomprehensible, contrast to the hospitality accorded by the *Lancet* to an alleged specific cancer-serum, available to the few, was the refusal by this journal of a paper by Mr. Holden Webb, of Melbourne, describing results from a treatment available to everyone, the value of which I was prepared, in part at least, personally to vouch for. The paper was long, but, with Mr. Webb's permission, I undertook to cut it down to any length the *Lancet* stipulated. And yet it was refused.

The "British Medical Journal" and the Cure of Cancer.

The *British Medical Journal* also failed to notice my pamphlet, although some prominence had been given in its columns to the alleged specific treatment; and repeated requests made to the Editor brought no reply.

It appears to me possible that the statement just made may be too sweeping. The pamphlet had been sent to the *British Medical Journal* on the 3rd February, and on March 5th there appeared in the course of a leader on

"The Treatment of Cancer" the following words:—"We may add that the results confirm observations which we understand were made in the case of more than one patient treated by Dr. Schmidt himself." After all, therefore, it may be that I actually failed to recognise reference to my own pamphlet.

The alleged failure of the cancer serum has not prevented the *British Medical Journal* from bringing Dr. Otto Schmidt's work again before its readers. As late as December 16th, 1905, it published a review, of which the following is the concluding paragraph:—"Dr. Schmidt's work does not appear to us to be altogether convincing, but the same may be said of most alleged cancer discoveries, and, in view of the obscurity which attaches to the subject as a whole, Dr. Schmidt is serving a useful purpose by bringing to a focus in his new publication the evidence and statements which can be accumulated in favour of a particular theory."

The *Medical Press and Circular*, in a leading article on "The Treatment of Cancer," whilst on the subject of the Otto Schmidt cancer serum, said:—"Dr. John Shaw, the well-known London physician, has personally investigated the matter, and has published his observations and conclusions in a fair and judicial pamphlet. A more crushing exposure of pseudo-scientific fallacy parading in the garb of responsible medical wisdom could hardly be imagined."

It is, perhaps, not altogether surprising that I ask myself whether my pamphlet was construed by our two leading metropolitan medical journals as "a crushing exposure" of cancer-serum treatment as such—a doubt which the progress of events has certainly not up to the present set to rest.

In the *British Medical Journal* of October 28th, 1905, Dr. Lovell Drage referred to the successful treatment of a case regarded as cancer until his remedy had proved beneficial, whereupon the original diagnosis was promptly withdrawn

by the hospital surgeon responsible for it. Dr. Drage complained of what he designated "the stopping power of the old gang"—a party which, he has subsequently explained, "consists of individuals who consider that anything which is at all novel or original must be suppressed at all costs, unless that new thing has been introduced by sponsors vouched for by accredited authority, and that authority of the loftiest respectability."

To Dr. Drage's letter two replies were published in the issue of the following week, from two eminent surgeons, one of whom protested that "In no single case have we yet seen a genuine scirrhus or an undoubted epithelioma" (either of the two chief types of cancer, in fact) "whose course has been modified or whose growth has been hindered for a single day by any of their methods."

In answer thereto I submitted a letter in which were set forth not only cases the cancerous nature of which I had subsequently doubted on the simple ground of the success attained, but also others of whose character there could be no possible doubt, and some of these were available for inspection and examination.

Unfortunately it was considered "quite out of the question" to publish my answer, as "the ordinary length of a letter should not exceed seven or eight hundred words to a thousand words as an outside limit." I had hoped that the importance of the subject might have justified a certain latitude, especially as the space necessary was approximately but one-half that which the *British Medical Journal* had devoted to an artificial purgative of foreign origin, indexed under its proprietary name.

The surgeon above quoted—Mr. D'Arcy Power—desired "to protest as strongly and as publicly as possible against the increasing tendency to record such isolated cases as that published by Dr. Lovell Drage—a single case of doubtful nature whose course is not yet run, treated by an unproved

remedy." As the *British Medical Journal*, in addition to being the official organ of the British Medical Association, with a membership of 19,000 practitioners of medicine, has "an important circulation among non-medical institutions," one may fairly presume that the protest obtained the desired measure of publicity, even without the all-powerful aid of the public press.

One of Mr. D'Arcy Power's objections to the record of such isolated cases of alleged cancer-cure by non-operative measures was that it wasted the time of those who were trying to find out the secret of cancer. For his comfort, I would like to record the fact that in this year of his protest (1905) the increasing tendency to record such alleged cures was coincident with the first fall in the mortality from cancer of the breast, which had been rising by leaps and bounds since the introduction of up-to-date operative teaching and practice. That he spoke of himself in this letter as a disciple of Gamaliel aroused in my mind the hope that, like another of that great teacher's pupils, he may yet acknowledge that he had sinned "ignorantly in unbelief."

As I had on other occasions been singularly unfortunate in reaching the ear of the medical profession through "the usual and proper channels" in regard to non-operative lines of treatment, the efficacy of which had been proved by fairly extensive experience, I determined to address the public directly on a matter in which they were directly interested. This has already been done in the case of "Fibroid Tumours and some other Diseases of Women"—a treatise which was at first printed in association with an essay on "Cancer," the publication of the latter having been delayed in the hope of making it more worthy of the subject.

Such, then, are the circumstances which determined me to publish the works that have brought me into collision with the Royal College of Physicians and induced a crisis of the gravest character in my own career, and, I venture to think,

should not be without an influence for good over a wider circle. Whilst the present essay is in the press I have read a small book by Dr. Robert Bell, now of London, whose admirable work in the field of cancer treatment has been repeatedly quoted by me in my work on the same subject, and, so far as I can understand it, it appears to me best to quote it without any remark whatsoever. But I venture to hope it will be regarded as a duty by some of our legislators to get a little more accurate knowledge of the facts when the British Medical Association appeals for a Royal Charter.

In a small work published in 1906, "Ten Years' Record of the Treatment of Cancer without Operation," by Dr. Robert Bell, of London, there is the following passage: —"In November last" (that is to say, in November, 1905), "we had a surgeon to one hospital in London proclaiming that 'no case of malignant disease has ever been cured, or even arrested, by any measures short of removal by the knife'; while a surgeon of another London hospital, about the same time, asserted that he had, by the employment of X-rays, the satisfaction of noting recovery to follow in several instances. This is a curious illustration of doctors differing; but, fortunately, all the patients did not die. But how the former could conscientiously state that he had never seen a case of malignant disease arrested or cured by measures other than surgical is incomprehensible to me, as he had very recently seen a case he had operated upon, in which the disease had recurred with renewed virulence within two months after the operation. He then informed the patient nothing more could be done for him, and that he might possibly live for six months. The case then came under my care, and, at the time his death was prognosticated, I had the satisfaction of sending him back to report himself, when, to the surprise of the surgeon, his prognosis had not been verified; but, on the contrary, he was obliged to confess the tumour had quite disappeared.

"I quote this case to show that medicinal and dietetic measures *will* succeed in at least 'arresting' malignant disease when surgery has proved a miserable failure.

"To confute this statement of the surgeon, that no instance of malignant disease having been either arrested or cured had ever been known, I sent the following letter to the *British Medical Journal*, but the Editor, having first given me to understand that it would be inserted, wrote to me the following week, stating that it was 'unsuitable' for publication in the *British Medical Journal*. In it I gave the name of the surgeon, which I will suppress here, as I have no wish to injure his feelings in any way, as possibly this particular case may have escaped his recollection."

Dr. Bell then went on to recite the fact that during fifteen years' experience in operating on the womb and breast, he "in no single case could lay claim to a successful result," so "that in 1894 I determined," said he, "never to incur the like responsibility again." He claimed since that time very numerous successes, some of which he referred to in detail, and in particular cited "one more case, and, as Mr. —— is well acquainted with the history of it, it may prove interesting."

This rejected letter of Dr. Bell's apparently refers to the same correspondence as the above quoted, because he continues:—"I may mention, in explanation, that an eminent provincial practitioner had the temerity to employ the term 'old gang' to those surgeons who persistently cling to the now exploded dogma that there is no cure for cancer except the knife." Moreover, his letter bears a date during the week next following the insertion of Mr. D'Arcy Power's and Mr. Marmaduke Sheild's letters.

I may be allowed to point out that Mr. D'Arcy Power confined his remarks to scirrhus and epithelioma specifically, and did not refer to sarcoma. But, as he is the representative of the Marylebone Division of the Metropolitan Branch

on the Council of the British Medical Association, this action of the *British Medical Journal*, in refusing publication to an answer to the protest which this surgeon desired to make "as strongly and as publicly as possible against the growing tendency to record such isolated cases as that published by Dr. Lovell Drage," becomes of a wider interest than a mere squabble between doctors. It must not be supposed, however, that no answer was inserted at the time when Dr. Robert Bell's contribution and my own were rejected. There were some, and amongst others one which, in my judgment, reads more like an apology than a claim to have saved a miserable patient from a suffering death. Said the writer, who was claiming *a cure*, *a permanent cure*, *up to date*, in an absolutely inoperable case of cancer:—"I would not advocate treatment by such a method where an operation could be performed; but in such a case as the one reported, where operation held out no hope of extirpation, I think, after the results obtained, treatment by the X-rays might at any rate be tried."

I admit that nothing ever brought home to my mind so clearly the tremendous power exercised by the surgical oligarchy as the perusal of this short letter. Does it not seem to indicate that we of the rank and file dare not call our souls our own?

The "British Medical Journal" and Vivisection.

The *British Medical Journal*, in a leading article, "Anti-vivisectionists on the War-Path" (December 9th, 1905), referring to a statement made by Mr. Richardson Cross at a meeting of anti-vivisectionists at Clifton, went on to state:—"Mr. Cross is entitled to the thanks of the profession for so effectively vindicating them from the calumnies which are persistently brought against them before audiences incapable of forming an intelligent judgment on the questions at issue." I addressed a letter to the Editor in comment on this leader, which read as follows:—

"'ANTI-VIVISECTIONISTS ON THE WAR-PATH.'

"Your leader of December 9th, under the above heading, reminds me how very near I once might have been to deserving the thanks of the profession by an effort to convert the late Earl of Shaftesbury from the error of his ways when presiding at an anti-vivisection meeting. Circumstances over which I had no control deprived me of a distinction which would certainly have been inexpensive at the price of the effort involved.

"You conclusively show the incapability of one audience at least 'forming an intelligent judgment on the questions at issue,' by noticing that the following statement of Mr. Richardson Cross elicited cheers :—'The Royal Colleges of Physicians and Surgeons were at present investigating the disease of cancer. Would those present admit that if it were possible or probable that some knowledge of the terrible disease might follow the investigations under anæsthetics on a limited number of animals, that would not be justifiable?' In the same issue of your journal there is an address by Dr. Bashford, the General Superintendent of the Research referred to, from which I quote the following item :—'We have attempted the experimental transmission of the disease on a most extensive scale. In mice alone we have performed upwards of 10,000 experiments.'

"In the Official Reports of the Imperial Cancer Research Fund for this year (1905), it is shown that, whilst but a small number of horses were inoculated, over nine hundred inoculations of malignant new growths of the dog, cat, and rat were made into other individuals of the same species. I further extract the following items :—'In the case of the dog and cat, other tumours have been transplanted, which were subsequently found to be really infective granulomata.' 'In connection with experimental work, it has been necessary for us to deal with 27,000 mice.' 'A mouse lives for three

years, attains a weight of 15 to 20 grammes, and is one of the smallest, although at the same time most specialised, mammals. Yet more than 20,000 grammes weight of living mouse tissue has been obtained by us from a mouse which died more than three years ago.' 'It is to be hoped that in future transplantation experiments with sporadic tumours will be undertaken on the same extensive scale by others.'

"From the notes of a series of experiments, the necessary details of which are given, it appears that of 1,073 mice inoculated, upwards of 440 died within fourteen to eighteen days, inflammation of the bowels being specified as the cause of death in more than one-half of one batch of 125 inoculations, and left unreported in the other cases. From the 1,073 inoculations but nine tumours resulted.

"Of the anti-vivisectionists you say:—'As the whole strength of their crusade lies in the exaggeration which is too often left uncontradicted, it would crumble away before the power of the plain truth.' An editorial in your issue of June 10th, 1905, put the matter even more strongly:—'The whole agitation is based on falsehood, and if the foundation were removed the whole edifice would necessarily fall to the ground.'

"I admit that my perspective has changed since I was ready to act as apostle to the anti-vivisectionists, but I cannot admit that I love truth less. That men of science—whether zoologists or zoophilists—should in place of 'the love of the truth' suffer from 'strong delusion, that they should believe a lie,' seems to me so disastrous in its possibilities that I venture to suggest that the time is now come when the case for vivisection should be officially stated on behalf of the British Medical Association in a supplement to the *British Medical Journal*, or in other adequate manner; and that the anti-vivisectionists should have the necessary time and opportunity to reply."

This letter was not published, but I received the following communication under date December 21st, 1905:—"The

Editor begs to say that he has not seen his way to publish Dr. Shaw's letter, entitled 'Anti-vivisectionists on the War-Path.' So far as the medical profession is concerned, the question as to the necessity of higher knowledge by experimental methods has not been questioned" [*sic*]. And in the issue of December 23rd, 1905, in a leading article headed "The Anti-vivisectionists and the Hospitals," there was the following noteworthy statement, a few words of which I venture to italicise :—"Of all these advantages Mr. Coleridge would deprive the sick poor for no better reason than the gratification of a perverted sentiment that would allow fellow-creatures to suffer pain, disablement, and death, rather than let *a few guinea-pigs be subjected to inconvenience.*"

It will be noted that at the time when this letter was sent to the *British Medical Journal*, the Royal Commission on Vivisection had not been decided on. I have myself requested to be heard before that Commission, and in answer to that request, after a formal acknowledgment, received the following communication :—"In further reply to your letter of the 25th October, I beg to inform you that your name will be considered by the above Royal Commission, and, if necessary, a further communication will be sent you." As no further communication had reached me by the end of last year (nor, indeed, at the moment of revising these notes in April, 1907), I embodied my views on vivisection as applied to cancer research in my work, "The Cure of Cancer : and how Surgery blocks the Way." For one of the most noteworthy facts in relation to cancer research is the warm appreciation of modern surgery for its works and aims. And the relation between vivisection and scientific surgery is no less intimate—and noteworthy.

The "British Medical Journal" and Scientific Surgery.

The history of my small work on "Fibroid Tumour : A New Treatment for Fibroid Tumour and some other

Diseases of Women without Operation" is necessary, if one is to understand why I determined to take the bull by the horns, and address the patients directly concerned as well as their responsible advisers, both domestic and professional. I will tell it in the words of my preface to that work :—

"Early in 1904 I submitted to the Editor of the *British Medical Journal* a paper describing a non-operative treatment for certain diseases of women characterised by hæmorrhage, including such as it is the fashion to deal with by mutilative operations, still attended by a high rate of mortality, and liable to be followed (should the patient survive) by cancerous degenerations.

"My paper contained the following introductory paragraph :—'Any reader, who, like myself, is growingly convinced of the error of early and indiscriminate operation, and is asking whether the "*furor operativus*" must be admitted as one of the factors in the increased mortality from cancer, will undoubtedly do well to give the methods suggested a fair trial before having recourse to operation, the gravity of which must be estimated both in its immediate consequences and possible after-effects.'

"On the last day of March, after retaining the paper in his hands for nearly five weeks, the Editor returned it to the writer (at his request) with the intimation that he saw 'no prospect of being able to publish his paper at an early date.'

"This on the last day of March. In the course of the very next month some three columns of the *Journal* (more space, indeed, than would have been required by the writer's unpublished paper) were devoted to the review of a book, which was thus summed up:—'The proper place for "Veresaeff's Confessions" is not the drawing-room table, but the dust-bin.'

"Without admitting that a medical journal claiming 'an important circulation among non-medical institutions,' is

the best place for a three-column review dealing with 'a Russian physician washing his dirty linen in public with every sensational accompaniment that is calculated to attract attention to the nasty business,' I am ready to acknowledge that such review might be less objectionable than the publication of my paper, provided that it is true of fibroid tumours of the womb, that 'the risks of operation are probably less than those of non-operation.'

"But, with this estimate of the *British Medical Journal* I absolutely disagree, and therefore propose to compare therewith such other sources of information as may be open to me, from the study of which I conclude that the risks of operation are on the average *more than five hundred times greater* than those of non-operation—to say nothing of subsequent liability to cancer.

"It may be mentioned, moreover, that my rejected paper was further submitted to the Editor of the *Medical Press and Circular*, but met with the same fate. This journal claims that 'its tone is fearless and strictly impartial, and to the general practitioner it is of special interest, immediate attention and space being always accorded to matters affecting his interests, and to papers and letters of practical moment.' As I have on other occasions received from the Editor of this journal the most courteous recognition, I can but conclude that he considered the present paper neither of interest to general practitioners, nor of practical moment.

"On the other hand, I, personally, am profoundly convinced that it is a matter of practical moment to the profession and public alike, that truth in this matter—on whichever side it may lie—should be ascertained. Is a mutilative operation really the best available treatment for fibroid tumour, and for certain other diseases of women dealt with in the present essay? Is the alleged risk of subsequent cancer a very grave one, or too small to be of practical weight?

"It appears to me that the fascination of major operations is obscuring the judgment (I do not say the conscience) of an important section of the medical profession, much as bright sunlight is inimical to clear vision. As I have been unable to reach the ear of the profession (and thus the public) through the ordinary professional channels, it is my hope to do so through the medium of the present essay."

The persistence with which the *British Medical Journal* champions the cause of vivisection, in season and out of season, would be beyond all praise if in a more worthy cause. A most notable example of such advocacy appears in the leading article on "The Address in Surgery," in its issue of August 25th, 1906. The passage referred to reads as follows:—"But there is one aspect of this subject which calls for special remark because the medical man is too apt to take it for granted, and the layman often fails to realise its significance. The magnificent work which is now being accomplished in the surgery of the brain is rendered possible by knowledge acquired by means of animal experiment. Were it not for the laborious experimental researches to which Sir Victor Horsley and others have devoted themselves during the last twenty years, successful diagnosis and treatment of these cases would be impossible. These are facts about which discussion is needless and controversy is impossible. From these facts, too, there directly springs an unmistakable lesson in medical ethics. It is the duty of every member of our profession to do his utmost in the endeavour to save human life and relieve human suffering, and in the pursuit of this object it is frequently necessary to acquire knowledge by means of experimental investigations upon animals. So long as these investigations throw further light upon the treatment of disease, they must necessarily be pursued; there is no alternative and no question for debate; in the furtherance of the art of healing, vivisection is a moral necessity. Like the average layman, the medical man knows what his duty is, and

does it ; he has no intention of being thwarted in the serious business of life by the meddlesome interference of those who raise an outcry against vivisection, sometimes with an honest enthusiasm kindled by misleading statements, sometimes from mere pleasure of a hobby which induces a gratifying sense of militant self-righteousness, and occasionally from the still less worthy motives of the professional agitator."

That I am justified in speaking of this as a notable occasion, will, I feel sure, be conceded, when it is remembered that the "Address in Surgery" was delivered at the seventy-fourth annual meeting of the British Medical Association, held in August, 1906, at Toronto, Canada, and that the lecturer was none other than Sir Victor Horsley, whose distinguished personality dominates more than that of any other individual, perhaps, the British Medical Association, the proposed Charter for which he has been most active in fostering. Not only has he represented the profession on the General Medical Council, but he was lately the chairman of the Representative Meeting of the British Medical Association. The reputation which the "laborious experimental researches" referred to in the leading article have brought him, (and the scientific surgery based thereon,) amply accounts for the Lord Chief Justice of England having publicly spoken of him as "the great Victor Horsley." For all these reasons I ask unprejudiced attention to the facts and "hard figures" deducible from that address. "To give general currency to an hypothetical opinion," said Dr. Paris, from the Chair of Materia Medica at the Royal College of Physicians, nearly one hundred years ago, "requires only the talismanic aid of a few great names : when once established upon such a basis, ingenuity, argument, and even experiment may open their ineffectual batteries. The laconic sentiment of the Roman satirist is ever opposed to our remonstrance : *Marcus dixit?—ita est.*

> "Did Marcus say 'twas fact? then fact it is ;
> No proof so valid as a word of his."

The learned lecturer having mentioned that twenty years before he had brought forward three cases of operation on disease within the skull, the principles in dealing with which were chiefly based on experiments on animals, and that "during the past twenty years further experimental research on animals and clinical observations on human beings have confirmed and extended the general soundness of the broad principles underlying the treatment then proposed," admitted that "correct diagnosis in diseases of the nervous system is still far to seek."

He claimed that incipient blindness, severe headache and vomiting, "can be completely palliated or wholly removed by making a sufficiently free opening in the skull and dura mater." Trephining the skull is an operation, if my memory is not at fault, which has been shown by Sir Victor Horsley himself to have been known to our pre-historic ancestors.

I find no statistics as to the total mortality following the operation, but immediate death from shock appears to have varied from "a little over 8 per cent. to approximately 37 per cent., according to the seat of the lesion in the brain." The statistics to which I desire to draw special attention concern the "*Recurrence Table of 55 Tumours*," at the Queen Square Hospital. About 14 per cent. of the cases quoted were gummata!!! Of 23 cases of cancer of the brain (glioma 19 cases, and sarcoma 4), 20 cases recurred within two years. The *successful* removal of malignant disease of the brain was, therefore, in about 87 per cent. of the cases, followed by recurrence in two years or less.

In contrast with the results just quoted (presumably included in the term "the magnificent work" referred to by the *British Medical Journal*), the lecturer went on to say:—

"In 1890—that is, sixteen years ago—my attention was drawn to the remarkable progress of a case of glioma of the cerebrum which was referred to me by Dr. Buzzard for operation on the understanding that the operation should not

be completed if the hemiplegia should be increased or made permanent. The tumour was found at the point diagnosed, but it was so large that obviously its extirpation would have been followed by some permanent paralysis. The wound was therefore closed, and the patient made a good recovery. Two and a half years later he accidentally infected himself with erysipelas, and died in another hospital. At the *post-mortem* examination it was found that the tumour had disappeared, leaving a cicatricial and degeneration cyst. Since then I have operated on ten cases of similar nature, but not always defining the tumour itself. In all, however, classical symptoms were present — namely, double optic neuritis, headache, vomiting, and varying motor and sensory pareses, together with severe intracranial tension and bulging of the brain through the opening of the dura."

Having quoted two cases in support of the success attending this policy of "masterly inactivity," Sir Victor went on to say:—"Cases of this kind are clearly comparable to those which Dr. Glynn has published (*British Medical Journal*, April 22nd, 1905) of subacute encephalitis and internal hydrocephalus simulating cerebral tumour. It is, however, of course, difficult to determine the parallelism between this series of cases and mine, as only in one was an operation performed—namely, by Mr. Thomas; but in that instance the relief of the cerebro-spinal fluid was followed by complete recovery."

On these facts, Sir Victor Horsley arrived at the following conclusions, which, whilst absolutely representative, it is true, of "the caution and logical attitude taken up by the hospital surgeons of this country in reference to the treatment of cancer by other than operative measures," are scarcely convincing to those to whom "hard figures" represent something more reliable than what "Marcus said":—"I venture to think that we are justified in making the following general deductions on the question of the

surgical treatment of malignant disease of the encephalon: (1) That operation should be resorted to as early as possible; (2) the tumour should be, if possible, freely exposed and examined, and extirpated with surrounding tissue; (3) that if it cannot be removed without undue interference with important or essential structures, there remains some possibility of the tumour undergoing retrogression in a certain number of cases."

How differently I view the teaching of Sir Victor Horsley's cases may be judged from the fact that I have quoted them in my work on "The Cure of Cancer: and how Surgery blocks the Way," as evidence that *successful* surgical intervention *increases the mortality* from cancer. And I am ready to admit that, in the argument whereby I arrive at the conclusion that there has never been a grosser superstition held by our medical forefathers than that operation is the cure for cancer, I rely in no small degree on the cases cited by Sir Victor Horsley. In other words, "the magnificent work," "about which discussion is needless, and controversy is impossible," appears to me in no small measure responsible for an aggravation "to the aggregate of sorrow and disappointment caused to those who have already sufficient evil to endure."

Sir Victor Horsley's argument (as I have understood it) briefly stated is this :—Although such operations on tumours of the brain entail an immediate mortality from shock varying from 8 to 37 per cent., plus an intermediate mortality in consequence of the operation (the amount of which is unreported or overlooked by me), plus an ultimate mortality of about 87 per cent. amongst the survivors,—it is desirable to operate on such cases as early as possible and remove the growths as freely as possible, although, in his experience, where such removal is impossible, the patients have invariably made a permanent recovery.

In a leading article in the *British Medical Journal* of January 6th, 1906, "The Medical Profession and the General

Election," the writer concluded with the following remark :— "It is a matter for individual consideration whether the circumstance that a candidate accepts as true the 'platform facts' of the anti-vivisectionists, and therefore permits himself to be the vehicle of abominable charges against the medical profession, does not at least raise a doubt whether he can be trusted adequately to examine other questions and form a sound and reliable opinion upon them."

It must be left to the judgment of our legislators (whether they believe in the "platform facts" of the anti-vivisectionists or not) to decide whether the logic of the official organ of the British Medical Association and of the chief promoter of the scheme for a Charter is such as to satisfy the people of this country that they "can be trusted adequately to examine other questions and form a sound and reliable opinion upon them."

CHAPTER X.

PROFESSIONAL ADVERTISEMENT.

No one is more alive than the present writer to the immense part played by journalism in the affairs of life in general, and of things medical in particular. In all human probability this essay would never have been written and published but for the action of the *Lancet* and the *British Medical Journal* in failing to give publicity to what appeared to the writer matters of interest, not only to himself personally, but to the public. To the Press is entrusted "the key of knowledge," and great is its responsibility if it "enters not in itself, but hinders them that would."

The Royal College of Physicians has passed several resolutions on the subject of advertisement :—

Resolution 1.—"That the practice of medical authors frequently advertising their own works in the non-medical journals, and especially with the addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession."

Resolution 2.—"That the system of extensively advertising medical works, and the custom of giving, whether for publication or not, laudatory certificates of medicinal and other preparations, or of medical or surgical appliances, is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians."

Resolution 3.—"That it is undesirable that any Fellow, Member, or Licentiate of the College should contribute

articles on professional subjects to journals professing to supply medical knowledge to the general public, or should in any way advertise himself, or permit himself to be advertised, in such journals."

In answer to inquiries, the Registrar of the General Medical Council, on April 30th, 1904, informed the present writer :—"In reply to your letter of yesterday, I have to say that this Council has never formulated definite rules as to professional conduct, but, of course, it is understood that advertising in any form by registered practitioners is regarded as unworthy conduct. Whether discreditable advertising might be practised in connection with the publication of any work would be a matter for decision in each particular case."

The position, as it appears to the writer, both theoretically and practically, is a very serious one. The Royal College of Physicians and the General Medical Council legislate and judge respectively—some of the legislators are judges, be it noted—on this matter of advertisement. Any doctor who has, or thinks he has, a means of healing disease, unknown to, or unappreciated by, his fellows, has a message of good news for the suffering. It is in the public interest that this news should be brought, directly or indirectly, to the knowledge of the patient.

How is this to be done? The College and the Council would say—By means of the duly accredited professional agencies, the medical societies and the medical press.

The writer has, from his individual experience, given illustrations of the methods of certain of the medical societies ; their proposed federation will give the new Royal Society of Medicine still more arbitrary and absolute power.

There remains, however, the medical Press. I have already detailed my experience at the hands of the *Lancet* and the *British Medical Journal* in relation to the publication of a

pamphlet (first submitted to the *Lancet* as a paper) which, so far as I am myself aware, was written and published solely in the interests of others, and from a strong sense of duty. I have also related my experience at the hands of the *British Medical Journal* and the *Medical Press and Circular* in regard to the paper submitted for publication dealing with non-operative alternatives for certain mutilative operations.

I have further related my own experience, and have quoted that of Dr. Robert Bell, in our fruitless endeavours to obtain a hearing in answer to a protest which the protestant desired should be *as strong and as public as possible*. And this, be it remembered, on a matter, the importance of which it is impossible to exaggerate. Finally, I have recorded my luckless effort to obtain correction of statements which, from my point of view, were not only seriously misleading, but open to the further drawback that they were made in connection with a work for which vast sums of money have already been obtained from the public, and further large sums are still appealed for.

What, then, is left for an outsider like myself? The advertisement columns of the medical Press. Having written and published my pamphlet on the Otto Schmidt cancer serum, I advertised it in three medical journals. I calculate that there must be at least sixty thousand patients in England and Wales suffering from cancer. On inquiring from my publisher what sales had resulted from the advertisement, I learnt:—"We regret that the advertisement produced no sales." One might, therefore, imagine that, in the absence of editorial notice in the journal, advertisement in the medical Press is chiefly of advantage to its proprietors. That advertisement in the ordinary pages may be of advantage, if combined with adequate notice in the literary columns, I can quite imagine; indeed, I have fairly substantial grounds for the belief.

Then there is the difficulty of deciding what is a medical journal and what one "professing to supply medical knowledge to the general public." On a memorandum issued from the office of the *British Medical Journal*, and addressed "To the Members of the British Medical Association and of the Medical Profession generally," there is, or was, the following statement:—"There is also an important circulation among non-medical institutions, such as Public Libraries, Reading Rooms, Scientific Societies, Clubs, etc." The *Journal* claims a total circulation of 24,500, of which upwards of 19,000 copies are supplied to the proprietors. Is one wrong, therefore, in concluding that the official organ of the British Medical Association is one of the "journals professing to supply medical knowledge to the general public," and that to the extent of upwards of 4,000 copies weekly?

On the "Terms for Advertising" issued from the *Lancet* office there is, or was, the intimation that "The *Lancet* can be obtained at all Messrs. W. H. Smith and Son's and other railway bookstalls throughout the United Kingdom." Is one therefore wrong in concluding that the *Lancet* is likewise a journal professing to supply medical knowledge to the general public?

In a word, what is the ethical distinction between advertising in a non-medical journal and in one with a non-medical circulation? The only answer which I myself can suggest is, that in the case of the medical journals (so called) the oligarchy controlling the profession is able to exercise a censorship, and thus exclude from public and professional notice treatment calculated to prejudice the interests of the governing hierarchy, whether such treatment concern tubercular disease as prejudicial to the "economics" of some serum—the monopoly of Zalmunna—or non-operative alternatives for the mutilative operations so dear to the heart of Zebah. So far as the hierarchy of to-day can repeat in

the case of Dr. Alabone and myself the ostracism and persecution to which John Brown and Ignatius Semmelweiss fell victims, they will undoubtedly do so. It is for Parliament to decide whether extended powers shall be given to those who have already so flagrantly betrayed the sacred prerogatives entrusted to them *for the public weal.*

CHAPTER XI.

ADVERTISEMENT AND THE CANCER OF CANT.

If the future historian who inquires into the causes of our national decay should seek some illustration of the *cancer of cant* which had been eating into the virility of our people, need he go any further than this very subject of advertisement in the profession of medicine?

THE MEDICAL JOURNALS.

Certain proprietary medicines, it appears, claim the *Lancet* in support of their pretensions to the public confidence. "Vitæ Ore," in its advertisement, stated :—"The *Lancet* says : 'The clinical results obtained were satisfactory.'" "Capsuloids," in a pamphlet addressed "to the medical profession," gave a ten-line extract alleged to be "what the *Lancet* says," and to this analysis the public advertisements also referred. The *British Medical Journal* devoted seven columns (or thereabouts) to an artificial purgative of foreign origin *indexed under its proprietary name*, the name and address of the London agents being furnished in the text. Is not the time come when the honour of British Medicine demands of British medical journalism the explicit statement to be found on the cover of the *Semaine Médicale*, the Parisian journal claiming the largest circulation of any medical journal in the world (and, I believe, deserving it) : "En dehors des annonces, *La Semaine Médicale* n'accepte pas d'insertions payées"?

How necessary this becomes from the point of view of the protection of the public may be surmised, if a statement made to me by a pharmacist whom I have known for several

years be true. He positively assured me that he wrote an article on behalf of a firm of manufacturing chemists cautiously advancing the merits of a certain medicinal preparation, and that this article was inserted in a well-known medical journal as *a leading article*. And in the editorial columns of a medical journal I have myself seen specific attention drawn to "a remarkable article by Dr. Blank printed elsewhere in our to-day's issue," although very probably such recommendation would be provocative chiefly of amusement, if the reader, whether lay or professional, recognised in "Dr. Blank" the Editor of the journal grinding his own private axe.

But these matters are but trifling in comparison with a subject occupying public attention at the present moment: I refer to the manifesto issued in favour of alcohol by the *Lancet*. It is a noteworthy fact that its publication is contemporary with a scheme of advertisement in favour of a French brandy which can only be described as colossal. Personally I look on that manifesto as a national disaster. The manifestants are obviously mistaken in supposing that "the opinions of the leading clinical teachers as well as of the great majority of medical practitioners" agree with their own, unless there is some explanation other than occurs to me to account for the diminution in the hospital consumption of alcohol, per head, proved by the following statistics quoted from the *Daily News* of April 2nd, 1907 :—

	1884.		1904.
	s. d.		s. d.
Charing Cross	3 4	.....	1 9
King's College	2 9	.....	1 3
St. Mary's	3 11	.....	1 11
West London	3 2	.....	1 5
Middlesex	4 3	.....	1 6
Metropolitan	11 0	.....	3 1
Seamen's	5 5	.....	3 4
Homœopathic	3 4	.....	0 5

A nation which still spends £160,000,000 annually on alcoholic drinks can be in no urgent need of having the

advantages of the drug pressed upon its attention. And it is to be hoped that the country will recognise that it is but the pronouncement of the pious opinion of sixteen gentlemen out of a profession numbering forty thousand.

An interesting question as to what constitutes "*free advertisement*" was raised by the *British Medical Journal*, which, one might have thought, understood so well the value of *silence*, when it drew attention to a certain publication, and suggested that its contents were so indecent as to merit the intervention of the police. With the indications furnished I asked a newsagent if he recognised the periodical: he said that he did, and that he could procure it. He forthwith supplied me with a journal which presented some of the specific characteristics indicated. If some of the readers of the *British Medical Journal* who constitute its alleged circulation in "Public Libraries, Reading Rooms, Scientific Societies, Clubs, etc.," remembering the three-column review in the *Journal* of a book "fit only for the dust-bin," applied for a periodical characterised by the features indicated by the leaderette, and obtained the same publication as I myself received, I can well understand that they might be disappointed in finding it less *piquant* than perhaps they might have anticipated. One can, however, quite imagine that such publicity might prove of considerable injury to the profession in the case of patients who might thus be lost to practitioners, owing to the introduction thereby afforded to a medical trading company prepared to supply electro-vigour, "*et hoc genus omne.*"

The unreality of this fiction with regard to professional advertisement is made to appear in a strange light when one finds inserted in the *British Medical Journal* (*with its solid claims to an important non-medical circulation*) the letter from which the following is an extract:—"As the humble contributor of a letter to the January *Practitioner* on a non-technical subject I should like to say that nothing would have induced me to write it had I had the slightest idea that

it was likely to be read by the public. I should, indeed, have considered it an act of professional indecency to do so; and that, I think, is how the action of the *Practitioner* is regarded by the profession, if I may judge from the private letters I have received on the subject from other medical men."—(*British Medical Journal*, January 12th, 1907.)

THE MEDICAL SOCIETIES.

How often have I seen a man bring forward at the meeting of the British Gynæcological Society in the evening "a specimen" which he had removed from a patient earlier in the day! His successful operation is blazoned abroad at a time when it is absolutely impossible to foretell the outcome, at least so far as the patient is concerned. And yet this same British Gynæcological Society, having treated the writers of papers in the fashion detailed in a former page (page 75), passes hostile resolutions because I endeavour to draw the attention of sufferers to what I believe to be gravely misleading statements. The terms of these two resolutions are found on page 7.

THE HIERARCHS AND THEIR ADVERTISEMENTS.

To write a book on a popular medical subject is prohibited (unless the writer be a hierarch), and has, indeed, constituted a valid ground for preventing the offender getting a hospital appointment. But the same hierarch who thus constituted himself a censor is allowed to advertise a work on a popular subject as "in preparation," week after week, month after month, year after year, until he probably gets to know something of the subject, much as one hears of the diligent shopkeeper learning a foreign language in profiting by the visits of natives attracted by his advertisement, "*Ici on parle Français*," or "*Hier spricht man Deutsch*," or what not.

The hierarchs, too, may, without ethical offence, profit by the advertisement of their names in association with such works as Cassell's "Book of Health," or the "Encyclopædia Britannica," or even a special number of the *Practitioner* sent round to the Press before being issued to the subscribers. Their books may be forwarded by their publishers for review to the lay journals. These are all facts to which my attention has been drawn at one time or another.

A medical correspondent, who, although a stranger to myself, kindly wrote sympathising with me in my contest with the College, and regretting that I was not fighting it out in the Law Courts, referred to a friend of his own who received a similar communication from the Royal College of Physicians with regard to the publication of a work. His only reply was to send a newspaper-cutting showing his advertisement sandwiched in between that of a late President and another of a late Censor. He heard no further.

Then there is another aspect of the advertisement of the hierarchs which is touched on by the author of "Amongst the Gods." The "Mortal" asked:—"Ever see the *Morning Poster?* Fine medium for advertisement, that; good as a placard in Piccadilly or outside the new hotel buildings in Regent Street. 'Dr. Strokeher has returned from his tour in the Himalayas to his residence in ——— Street.' 'Lord Tom Noddy is now convalescent. No further bulletins will be issued. Signed, Blank, Blank!'"

Regarding a late President of the Royal College of Physicians, Mr. Lawson Tait in a published communication wrote as follows:(*a*)—"The conduct of the President of the College of Physicians has always been a puzzle to us who believe that the head of that august body cannot be an exception to its stringent rule against advertising." Mr. Tait was complaining that no one knew better than the President

(*a*) Quoted from Dr. Alabone's pamphlet, "Infamous Conduct."

"how to discuss matters medical in the public newspapers, when they concern the illness of eminent patients or the death-bed of a Poet Laureate."

From a leading article, "The Medicine of the Future," in the issue of the *British Medical Journal* dated February 9th, 1907, I extract the following quotation:—"This lecture should be comforting to the medical profession, for it seems to show that Sir Almroth Wright is more satisfied with its work than he was some eighteen months ago. In August, 1905, he took the public into his confidence on the subject through the medium of the *Liverpool Daily Post and Mercury*. From that depressing deliverance we gathered that he had surveyed the whole realm of medicine and found no good therein." It is obviously, therefore, no offence to take the public into one's confidence when it is a question of writing what may perhaps be regarded as the preliminary announcement of a new vaccine or serum treatment.

On the very day on which the Registrar of the General Medical Council wrote to me announcing the determination of the Executive Committee not to accede to my request to take off my name from the Register, there was in the "To-day's Arrangements" of the *Times* (February 27th, 1907) the announcement, or advertisement—"Royal College of Surgeons: Professor W. S. Handley's second lecture on 'Melanotic Growths,' 5." On the previous day the following announcement had appeared in the same journal under the Society news:—"Professor William Rose, F.R.C.S., after spending a few weeks in the South of France, has now returned to town and has resumed his professional duties."

Personally I have no fault to find with such announcements, but I do emphatically protest that what is legitimate for a hierarch should entail ruin on one of the rank and file. Compare with the above announcements the specific case referred to by *Truth* (see page 71),(*a*) or the following extract

(*a*) *Truth*, Feb. 20th, 1907.

from "Amongst the Gods":—"We poor mortals, you know, must not advertise. The 'gods' have us up at once for 'infamous conduct,' and the Ethical Committee of the 'British Medical Matron' dance a hornpipe on us. If we move from one district to another we dare not put it in the columns of the local 'daily.' Still, the medical journals *are* sold on railway bookstalls, lie on club tables, and *are* widely read by the lay public." And the writer might have added that such journals are, or were, wont to *solicit advertisements* in their columns on one or other of these very grounds.

CHAPTER XII.

"ADVERTISING IN ANY FORM . . . IS UNWORTHY CONDUCT."(*a*)

"'INFAMOUS CONDUCT.' EDWIN ALABONE *versus* VICTOR HORSLEY."

ONE of the most serious forms of advertising, because, in my judgment, calculated to demoralise the public mind, is afforded by photographs of operations, or of the immediate antecedents of operations. The *British Medical Journal* has severely criticised Dr. Doyen for his cinematograph exhibitions. But is its own responsibility less, seeing that twice in the course of last year it had photographs in its pages representing a patient being anæsthetised in an operating theatre? In the *British Medical Journal* of August 25, 1906, there is a large plate representing the anæsthetising of a patient about to be operated on by Sir Victor Horsley, who stands there partly masked. There are the instruments, the basins, the porringers, and a large vessel on the floor beneath the patient's head; there are two assistants and four nurses expectantly waiting; and there is a distinguished visitor also present—whose opinion of the proceedings may, I think, be judged from his physiognomy.

I venture to ask anyone whose mind is sufficiently free from bias to enable it to distinguish between the "higher interests of the profession," and "the interests of the

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(*a*) Letter of the Registrar of the General Medical Council, April 30th, 1904.

hierarchy of the profession," what purpose such a photograph is more likely to serve—the education of the professional reader (such operations are strictly limited to specialists, it must be remembered), or the advertisement of the operator to the lay reader, as well as to his professional colleagues?

"Professor Theodor Kocher, of Berne, who happened to be visiting at the hospital at the time, stands at the right of the photograph," the reader is duly informed. This statement disposes of any suggestion that the real object of the photograph was to record the fact—or the supposition—that Professor Kocher, a surgeon of world-wide reputation, was there as a disciple of "the great Victor Horsley." It was but a happy coincidence that Professor Kocher and the Photographic Camera were at the hospital on a visit at the same time.

The picture reminds me in some respects of the record of a patient's visit to the Temple of Æsculapius in the olden days. "Aristophanes," says Dr. Paris,(*a*) "describes in a truly comic manner the craft and pious avarice of these godly men, and mentions the dexterity and promptitude with which they collected, and put into their bags, the offerings on the altar. The patients, during this period, reposed on the skins of sacrificed rams, in order that they might procure celestial visions. As soon as they were believed to be asleep, a priest, clothed in the dress of Æsculapius, imitating his manners, and accompanied by the daughters of the god—that is, by young actresses thoroughly instructed in their parts—entered, and delivered a medical opinion."

To the thoughtful reader, whether lay or professional, who may be interested in the question of "medical ethics," I would strongly recommend the perusal of Dr. Alabone's pamphlet on "Infamous Conduct" whilst he has the photograph

(*a*) "Pharmacologia," 1822, Vol. I., page 11.

of Sir Victor Horsley in full canonicals before him. It would not be easy to lay out two sixpences to greater advantage, especially as it would enable the student to ascertain for himself whether he can accept the deductions I have already submitted (page 100) in regard to Sir Victor Horsley's statistics of operations on malignant tumours of the brain.

> "Look here, upon this picture, and on this,
> The counterfeit presentment of two brothers."

And, I admit, no very pleasant contrast meets the eye. On the one hand, there is a man who appears to have made very important advances in the treatment of that terrible scourge, consumption, driven from the Royal College of Surgeons because he is held responsible for the appearance of a laudatory notice in *Moonshine*, an article which was one of a series including many medical and surgical notabilities. Driven thus from his College, his name is erased from the Register, not for "infamous conduct," but because he had no longer any diploma registered. It is to be further noted that he himself had previously asked that his name should be removed. He is next summoned to a police-court, at the instance of the General Medical Council, to answer a charge which is forthwith dismissed with costs as soon as the magistrate has had an opportunity of hearing the evidence. He is then publicly charged by an individual member of the General Medical Council with having had his name erased from the Register for "infamous conduct," and such member not only misquotes an Act of Parliament in support of his charge of "infamous conduct," but animadverts on the action of the lawyers who presented the case on behalf of the General Medical Council at the police-court, and reflects on the "judicial mind" of the magistrate who tried the case.

This zealous member of the General Medical Council is the subject of the second picture. We have seen him busy

with the preliminaries to the election of Direct Representatives to the General Medical Council, under circumstances referred to in Dr. Latimer's letter quoted on page 57. This same man we see photographed in a journal having an important non-medical circulation—exceeding, for all I know, the total circulation of *Moonshine*—in the full canonicals of an aseptic operation, surrounded by all the appointments of its most advanced ritual. Without animadverting on the coincidence that Professor Theodor Kocher, of Berne, "happened to be visiting the hospital at the time," I ask, with all seriousness: Which constitutes the truer offence against the "higher interests of the profession," such a photograph as this (for I am raising no question as to the possible injury to the patient from undue delay—if any—in the anæsthetisation), or Dr. Alabone's cartoon, which represented him in the pursuit of his favourite amusements and sports?

It is, moreover, quite possible that Dr. Alabone will be gratefully remembered by posterity when the vivisections and scientific surgery of the "great Victor Horsley" are forgiven—and forgotten.

When in my letter to the Press, dated January 19th, 1907, enclosing a copy of my letters of equal date resigning the Membership of the Royal College of Physicians and withdrawing my name from the Medical Register—I at the same time promised to publish this book—it was without the faintest idea that the name of Sir Victor Horsley would be mentioned therein. But the reader will understand that the coincidence should strike me as remarkable, that on the very date on which I found myself unable to remain in the profession of medicine with "honour," special "honours" should be suggested for the man in competition with whom as a student I was said to be *facile princeps*. It is still stranger that the other points to which I have drawn attention have been brought unsought to my notice; and their importance lies in the fact that Sir Victor Horsley more than

any other man is responsible (at least, so I judge) for the proposed Charter to the British Medical Association. And it is solely for this reason that I beg the most anxious attention not only of the profession and the public, but of Parliament, to the increased dangers of further limiting individuality of action.

CHAPTER XIII.

SECRET REMEDIES AND THE CANCER OF CANT.

THE unreality which is but too obvious in the standards of the hierarchy with regard to advertising applies in other directions, but in none more clearly than in its attitude towards "secret remedies." Sir William Broadbent, in the *Times* of August 31st, 1901, put the case on behalf of the profession in these words:—"The attitude of the medical profession towards secret remedies is well known. While we are ready to accept suggestions from any quarter, and to give any proposed remedy a fair trial, so long as we know what we are dealing with, we cannot touch secret remedies. Anyone who held in his hand a remedy for such a disease as cancer or consumption, and did not make it known for the benefit of the thousands suffering from these diseases, we should look upon as criminally selfish, blind to his own interest also; and, if a medical man, we should certainly judge to be guilty of most infamous conduct."

Now, without doubting for a moment the *bona fides* of Sir William Broadbent's statement, I venture to inquire how far it will bear examination. What are the *sera* which are such an important part in the "economics" of the hierarchy but "secret remedies"? Supposing I wished to use arsenic or iodine in the treatment, let us say, of consumption. Should I not—outwardly, at least—be acting in harmony with the highest traditions of the profession by preparing a serum with *Micrococcus antediluvianus*, and then "*attenuating*" it with arsenic or iodine? My treatment would be by the serum of *Micrococcus antediluvianus*, although the success

attained might possibly be due to the world-wide elements, iodine and arsenic. Yet such a line of treatment would be "as far as the east is from the west" from the "filthy impostures" which Sir William apparently had in mind in the correspondence from which an extract is quoted.

From the same correspondence in the *Times*, to which further attention will be subsequently drawn, it appears that Dr. Alabone went to the fullest limit of concession with regard to any reasonable test of his remedies and his methods at the Brompton Hospital. The remedies, as I understand, are not in any sense "secret remedies." He merely made it a condition that he should have control of the ward where the observations were to be carried on, and of the treatment. And in this I submit he was quite right, from the following considerations :—

The attitude of the authorities, it may be reasonably anticipated, would be one of armed neutrality. I do not for one moment suggest that the Brompton Hospital authorities would wilfully set themselves to *kill* the treatment, any more than an assistant who had quarrelled with his chief would wilfully kill a patient at an operation, in order to spite the surgeon. Yet I venture to think that any surgeon employing an assistant whose interest was not the same as his own in the recovery of the patient would be doing a very unwise action. I am not suggesting more than I say, but what I say I am profoundly convinced of.

A great surgeon, in order to show that he had an open mind with regard to the treatment of tumours by electricity, had an installation put up in his own consulting-rooms. I shall never forget the disgust with which he told me that a patient had chosen to have electrical treatment, "*although she was perfectly well able to pay the fees for an operation.*" Now, is it reasonable to expect that the best available results from the treatment by electricity were to be obtained in the hands of that man or his delegates? He had, in fact,

already publicly stated that he had been informed that the best effects were attained when the current was not turned on at all.

This subject is one of enormous interest at the present moment. Whether the surgeons will it or no—*nolens, volens*—there are undoubted evidences that the treatment of cancer by other than non-operative measures must be considered. There are some surgeons shrewd enough to interest themselves in such methods *after operation has failed.* Are they, in the name of common sense, the men most likely to obtain the best results? To cure a patient by non-operative methods after operation has failed is to condemn the operation. And yet such men would wish to be regarded (and I do not doubt their good faith) as men with an open mind, anxious—like Gamaliel—not to be found "fighting against God." One of the greatest injuries that the hierarchy inflicts on humanity is in persuading it that doctors are actuated by higher considerations than govern common folk. The simple truth is that there are men in the profession of medicine to whom conscience is the rule of life, like there are in every department of human activity: if there happen to be a few more amongst doctors, they will probably be found amongst the "failures" of the profession, and not in its higher ranks.

The cant with regard to "secret remedies" is seen again in "preliminary notes" published in the leading journals in respect of new methods of treatment, concerning which the suggestion is that scientific precaution prevents for the time being a full publication of the details of such treatment, whilst modesty restrains more than the briefest (and obscurest) reference to the results attained. In the meanwhile the treatment—which is virtually a "secret remedy"—has been exploited in one or other of the journals with lay circulation, presumably not without advantage to those happy members of the profession who bask in editorial sunshine.

In the case of a serum such as that of Dr. Doyen, there is no question of the remedy being a "secret" one, in the sense of being the monopoly of the inventor. Who, for example, wishing to give a fair trial to this treatment, would dream of using any serum that did not emanate from the laboratory of the inventor? And the same holds good with regard to less complicated remedies. Even Clay, of Manchester, who introduced ox-gall in the treatment of a variety of diseases, urged the practitioner to select his own galls and prepare his own remedy, as otherwise he would be only too likely to meet with disappointment. This very year the failure of a new treatment for cancer has been ascribed to the preparations placed on the market by some manufacturing chemists being ineffective because deficient in their active ingredients. It is extremely likely that any doctor who made a remedy, for the due preparation of which he held himself personally responsible, would be judged by the General Medical Council—always presuming that it is not a serum prepared by a hierarch—as guilty of "infamous conduct." Yet it appears to me as the simplest fulfilment of an obvious duty not only to the reputation of his remedy, but to suffering humanity.

CHAPTER XIV.

THE QUALIFICATIONS FOR THE PRIESTHOOD.

A VERY natural question now arises :—What are the qualifications necessary for admission into the charmed circle of the "hierarchy"?

It would be a great mistake to suppose that knowledge of one's profession as judged by success in competitive examination is—otherwise than exceptionally—the key. If this be doubted, let anyone compare the academical distinctions of consultants on any hospital staff with those of their fellow-students in general practice. The writer does not, of course, say that the average consultant is less educated than the average general practitioner; this would, of course, be absurd. What he does say is this: that the "classes" do not represent medical culture any more exclusively than Society represents the culture of the nation.

Nor is success in the treatment of disease a qualification. *Failure* in general practice may indeed exceptionally constitute a bridge across the gulf. An acquaintance of the writer's went into practice in the country. He was called to a lady of social consideration, who was suffering from persistent vomiting; but, as he failed to ascertain that she had a hernia, the patient died. His prospects ruined, this doctor returned to London, did "bottle-washing" for a distinguished physician, and is to-day himself an honoured consultant, having perhaps even forgotten that he ever failed in general practice.

Or the gulf may be bridged for the G.P. by a rich and influential marriage early in his career, in which case the happy man will certainly become the most exclusive of oligarchs. He is probably the last to hear the students' remark—"There goes Dr. Blank in Mrs. Blank's carriage!"

In a word, the means, which up to the present have been most successful in gaining admission to the medical "classes," are precisely those which this country, brought face to face with a great national emergency, has decided shall no longer prevail in the British Army; and the issues here are no less important. It has been said that in Napoleon's army every soldier's knapsack held a field-marshal's baton. In the brain of every medical student may be some great secret—the cure of cancer, perhaps. Can humanity afford to support an oligarchy at the price of its own suffering and death?

But this is not all. As the hierarchy now rules, the student who would get on to his hospital staff must "wait on at the hospital"; he must do work there for which his chief assumes the major part of the credit—"bottle-washing," it is irreverently called. He will, if he is wise, put money in the way of influential members of the staff, either by taking special courses of instruction from them, or introducing patients to them, or otherwise.

And what is the effect of this waiting on at the hospital? The special dangers of hospitalism. Not only is the man permeated with the creed to which reference will shortly be made—a creed, which in itself is sufficiently destructive of the moral sense—but this "waiting on at the hospital" means, except in the case of the rich man, that the young doctor is unable to make a home. Exposed to all the temptations which are inseparable from vigorous manhood in the environment of a hospital—temptations which are perfectly obvious and intelligible without the necessity of writing or reviewing any obscene "confessions,"—the average man is only too

likely to accept a life of immorality as a necessity of the situation. In other words, the man who gets on to the staff of the great London hospitals is too often one who has already become a virulent contagion in that social system.

But the man who goes into general practice, where he may hope to make a living in order to be able to marry if the opportunity offers, becomes professionally "*the outsider*," who has virtually barred himself *for ever* from the ambitions which to him were scarcely less dear than life itself.

CHAPTER XV.

THE VOW OF THE HIERARCH:

"I RENOUNCE HOMŒOPATHY AND ALL ITS WORKS."

THE martyrdom which was the reward of Dr. John Brown, of Edinburgh, and of Dr. Ignatius Semmelweiss, of Vienna, for the introduction of new truth, has been briefly referred to in the Preface, but the spirit of intolerance pervading medical thought can be studied in one of its simplest forms in the attitude of the official leaders of the profession towards homœopathy. There cannot be the faintest doubt that the teachings and practice of Hahnemann and his disciples not only enriched the Pharmacopœia with many valuable drugs, but did much towards securing for the treatment of disease a sound and rational, that is to say, scientific, basis. And yet it is difficult to believe that the spirit of religious intolerance can have exceeded that of official Medicine towards homœopathy.

In view of Section XXIII. of the Medical Act of 1858, it was naturally necessary for the Royal College of Physicians to express itself in cautious terms. On the 27th December, 1881, it passed the following resolutions:—"That while the College has no desire to fetter the opinion of its members in reference to any theories they may see fit to adopt in connection with the practice of medicine, it nevertheless considers it desirable to express its opinion that the assumption or acceptance by members of the profession of designations implying the adoption of special modes of treatment, is opposed to those principles of the freedom and dignity of the profession which should govern the relations of its members

to each other and to the public. The College, therefore, expects that all its Fellows, Members, and Licentiates will uphold these principles by discountenancing those who trade upon such designations."

In the writer's student days homœopathy was the pet anathema, even though presumably it is so no longer, as the *British Medical Journal* recently assured its readers that homœopathy in England was dead. *De mortuis nil nisi bonum.*

The writer knows of a man who was kept from the staff of his hospital (at least, so it was said) on account of supposed sympathy with the principles of homœopathy. The circumstances were as follows :—A poor little fellow was suffering from inflammation of the kidneys after scarlet fever. The physician in charge—one of the most eminent men of the day—said that the tubules of the kidney were blocked with epithelial *débris*, which prevented the secretion of urine. Six weeks' treatment was without result.

The student referred to—the clinical clerk in charge of the boy—had recently read of the action of turpentine in such cases ; so in fear and trembling he went to his chief, and asked whether he thought the block in the kidneys of which he had spoken might not be relieved if an active congestion were induced (say by turpentine), thereby increasing the lumen of the tubes and the flow of blood. The physician replied that the idea was very pretty, but too dangerous. A few days later, however, he prescribed spirits of turpentine.

The student waited for three weeks, and then reported that the daily average excretion of urine had increased exactly one-half, and with great diffidence asked whether that would seem to indicate an increase of dose. The physician did not even answer ; the clinical clerk left his presence with a sinking heart, regretting that he had confided to his chief the source of his inspiration—a work on Therapeutics by Dr. Kidd.

Whether homœopathy be now dead or not, it would be puerile and fatuous to deny that the motto of Hahnemann—*Similia similibus*—contained truth, and surely it was the duty of the official representatives of a humane and scientific profession to ascertain the scope of that truth. The writer is not a homœopath, because he believes *Similia similibus* to be but part of the truth.

It is one thing to talk of the "splendid isolation" of independent thought, and another thing to experience the inconvenience of that isolation between the upper and the nether millstone, in consequence presumably of which the term "eclectic" has come to bear an opprobrious significance. Yet surely eclecticism represents the highest ideal of the physician, whose motto might be aptly summed up in the words—"Prove all things ; hold fast that which is good."

But the attitude of intolerance to this supposed heresy has probably been of the most far-reaching character. A scientific conception of the significance of *Similia similibus* is, in fact, but an application of the undulatory theory to which science already owes so much in its understanding of the phenomena of light, electricity, heat, etc.

The present writer's "Working Theory of Cancer" is but a further application of that theory of vibratory motion.

It has been a puzzle to me throughout my professional career to understand the antipathy that orthodox Medicine has ever displayed towards homœopathy, and, strangely enough, it is only now that any reasonable explanation presents itself to my mind. No doubt the principle that "like cures like" must have met with much opposition from a profession which had not yet shaken off the intellectual thraldom of the fifteen centuries or so during which Galen's System of Medicine had held the field. His conception that all medicines were hot, cold, moist, or dry in one or other of four degrees, supposed that, if the disease were hot or cold in any of these four stages, a medicine possessed of a

contrary quality, and in the same proportionate degree of elementary heat or cold, must be prescribed. One can, therefore, well understand that the enunciation of the principle *Similia similibus curantur* was not likely to meet with any enthusiastic reception.

The more likely explanation, however, appears to be that the question is one merely of "economics." If the principle be admitted that symptoms are curable by the administration of drugs which in healthy subjects produce similar symptoms, where is the necessity for the long course of training which is now a most important element in the financial resources of the leaders of the profession? This is brought home clearly to the lay reader in an article in the *British Medical Journal* of January 19th, 1907, "The 'Revival' of Homœopathy." "Twenty years ago," says the writer, "innumerable households were supplied with homœopathic weapons against the ordinary minor ailments of the home. The pocket case and medicine chest were well to the fore in many households not fully homœopathic. Even homœopaths have some elements of human weakness in them, and it is scarcely surprising that the disciples of Hahnemann did not altogether approve of the way in which the chemist tended to displace the doctor. Dr. Burford, however, pleads that, in consideration of their value as propagators of the faith, some latitude should be left them. We think it not unlikely that they will take this latitude, whether or not it is allowed them by the doctors, for, after all, under a system in which the be-all and the end-all is the administration of drugs in such doses that they can never produce injurious effects, it is the chemist only that is necessary: the doctor is a superfluity."

In the *British Medical Journal* of February 2nd, 1907, there is a very interesting letter from Sir Samuel Wilks in comment on the above article. He concludes his letter in these words: "My principal object in writing this letter was to say, amongst all the arguments I ever used against

homœopathy, my chief one was that, being founded on a system of drug-giving, it was putting the cart before the horse, and must be absolutely wrong, seeing that the curriculum of all the medical schools in the world adopt an exactly opposite method." But he had admitted in an earlier part of his letter that, after having gone through all the tedious curriculum to which he refers, "many doctors act, and firmly believe that they have cured the disease by their drugs."

In the *British Medical Journal* article on the "Revival of Homœopathy," and in Sir Samuel Wilks' comments thereon, it appears to me that there is a plausible explanation of the "envy, hatred and malice" which I have ever found displayed towards homœopathy. It is scarcely necessary to say that I am not suggesting that the writer of the article referred to recognised that £ s. d. really constitute the cause of offence, still less that Sir Samuel Wilks was conscious thereof—that distinguished member of the profession whose present enjoyment of the "*otium cum dignitate*" which has been so well earned is sweetened by the reverence and admiration of the whole community. What I am suggesting is, that the teaching of Hahnemann, the acceptance of which would minimise the importance of the long educational curriculum from which the governing oligarchy derive both fame and fortune, met with *instinctive* and persistent antagonism, so that the real cause of offence resolves itself into one of "economics," if I may employ a word which at the present time is somewhat prominently brought before the profession of Medicine.

CHAPTER XVI.

THE CREED OF THE HIERARCH:

"I BELIEVE IN VIVISECTION, VACCINES AND SERUM-THERAPY."

WHEN a leading physician tells the profession and the public that there is scarcely a medical man who does not believe in vivisection, and thereon founds an argument as to its necessity or advantage, he is surely forgetting that medical men not unnaturally believe what they have been taught, and lack the time and opportunity to inquire into the subject later in life. Would it be possible, for example, for any student to qualify for his profession, who expressed doubt as to the validity of the deductions drawn from experimental research? Would it be possible for any medical man to be admitted to the Membership of the Royal College of Physicians or to the Fellowship of the Royal College of Surgeons under similar conditions? For my own part I believe it would be an utter impossibility. I can remember what an enthusiastic believer I was once myself in the tenets emanating from "the sacred stronghold of research," a credulity which at the present time I can but regard as astounding.

OUR DEBT TO VIVISECTION?

Look at the broad facts of the case, and consider briefly the following items :—

(1) Professor Koch, the discoverer of the tubercle bacillus, as the result of experiments on animals, concluded that the bacillus of bovine tubercle was innocuous to mankind. If this conclusion had been relied on, and milk from cows so

affected had been given unboiled to our children, what would have been the result? The Preliminary Report of the Committee appointed in this country to investigate this matter appeared to my ignorance to have amply justified the determination of those who had refused to accept any experiments based on vivisection as comparable in authority with the teachings of everyday experience and common sense.

And the reasonableness of this decision has been completely justified by the final report of the Commission, lately to hand. One is astounded that so much scientific work is necessary to establish a position which seems the only one compatible with the dictates of common prudence.

(2) Is not vivisection often a very roundabout way of reaching a very obvious and accessible goal? In the disease now called myxœdema there was known to be an atrophy of the thyroid gland. Does not the course at present pursued, of supplying the deficiency thus occasioned, by giving the patient small portions of such gland substance, appear sufficiently obvious? If so, was the time spent in excising and re-grafting thyroid glands in unfortunate monkeys anything better than time wasted? *Pace*, "the great Victor Horsley"!

And the force of this objection is intensified when one knows that even Celsus, who lived at the commencement of the Christian era, administered animal substances therapeutically.

(3) Antiseptic methods in surgery would probably be claimed as the chief attainment of vivisection; and, if I am rightly informed, the first observation on which Pasteur based his experiments concerned the keeping quality of fruit which had been boiled and sealed up from the air. Pasteur elaborated his observations, and these were extended by Lister, who introduced the antiseptic method of treatment.

Is it not a fact that antiseptics, as such, have occasioned very many deaths, and that surgical practice has evolved

an "aseptic" as opposed to an "antiseptic" method of treatment? In other words, it has swung back to the original observation of sterilising by boiling. Is it not also true that recent research has come to regard chlorine as one of the most dependable of antiseptics, being, in fact, the very element which, as solution of chloride of lime, Semmelweiss introduced into use at the Vienna Lying-in Hospital, nearly sixty years ago, with such immediate and beneficial results? If these things are true, is it possible to avoid the suspicion that, even in the application of antiseptic or aseptic principles, vivisection may have set back the hour of human progress?

(4) Is it not a fact that observations on animals have led to many and serious mistakes as to the nutritional value of foods? I understand that the Commission of 1802 appointed by the Academy of France to investigate the value of gelatine was followed by a further Commission in 1841, and that, as the result of their labours, the Academy declared that gelatine was positively injurious to the digestive organs. The natural result of this extreme reaction was, of course, a complete cessation of its use as food. In 1853, Dr. Donders, of Utrecht, concluded that, whilst large quantities are detrimental, small quantities act as a food by diminishing the otherwise necessary amount of albumen. And although experiments have been going on ever since, this position, which seems to be that which common-sense would have suggested, still holds the field.

(5) Is it not a fact that some of the most valuable medicines are those which yield absolutely negative results to the pharmacologist? As an example take hamamelis, which is so valuable in arresting hæmorrhage. Ringer and Sainsbury, in their "Handbook of Therapeutics," say:—"Dr. Hector Guy investigated the physiological action of this useful and interesting drug, and found that it is not tonic even in very large doses, and that it has no action on the heart, arteries or veins. Drs. Wood and Marshall,

experimenting with a strong distillate, were unable to obtain any physiological effects."

(6) Is not observation on animals often extremely misleading when applied to man? What, for example, would be the effect of applying the ordinary rule of dosage in relation to body-weight if one were experimenting on a rabbit with atropin? The physiological dose thus calculated would be sufficient, I imagine, to poison, not merely an individual, but a regiment.

(7) Does vivisection diminish the necessity of experimental observation on mankind? From the preceding premises one might reasonably conclude—No! Suppose, for further example, that cancer has been grafted on mice, and that a serum is discovered, the injection of which is followed by the destruction of these cancerous tumours—in mice. Is the first injection of such a mouse-serum into a living human patient less an experiment—less a vivisection, in fact—than the injection, let us say, of a small dose of a weak solution of a well-known chemical substance? It appears to me that the injection of the serum of a mouse is beyond comparison the graver experiment. It is difficult for me, indeed, to understand "the caution and logical attitude" of those who would maintain the contrary.

There is, moreover, at the present time a tendency to make vivisection the official seal and sanction, as it were, to success obtained clinically. One of the leading medical journals recently reviewed a work (up to that time ignored) dealing with a certain method of treatment: in the same issue it published a note describing the injection of this remedy into mice. The experimenter apologised for the death following an overdose, on the ground that he had not adequately allowed for the smallness of his patients when compared with the dose which had been successfully administered clinically. It would, therefore, appear to me that such vivisections might have brought a valuable treatment into disrepute, if clinical success *had not preceded* the vivisection. But the

experiments, it would appear, have constituted a "hall-mark." Radium has in a similar way received official recognition, and a patient may now be cured of cancer by means of radium without any loss of self-respect.

The concluding sentence of the last paragraph was written on the strength of a chapter in the latest published Reports of the Imperial Cancer Research Fund, but from the more recent dicta of Mr. Edmund Owen in his Bradshaw Lecture, delivered before the Royal College of Surgeons last December, there appear to be grounds for modifying or, at least, suspending judgment thereon.

The utter fatuity of making the cancerous tumours of mice (which probably are not cancer at all) a basis for the investigation of remedies alleged to have cured cancer in mankind has been exposed in my work, "The Cure of Cancer : and how Surgery blocks the Way." It appears to me impossible to get away from the fact that vivisection and its allied problems really resolve themselves into a question of "economics," being, in fact, a very important *cachet* for the hierarchy, as well as an important source of income. I could quote passages indicating that to laboratory work attention is openly drawn as a means of adjusting the financial stress which has marked the last few years in the profession of medicine, because intimately connected with the question of vivisection is its practical application to man in the shape of the various kinds of serum which of late years have played such an important part in modern medicine. It is interesting, therefore, to inquire what is the evidence up to date of the personal benefit to humanity of these special products and properties of the high priests of the medical oligarchy in this and other countries.

Our Debt to Vaccines and Sera.

What are the facts, in the first place, disclosed in the accompanying table of the comparative percentage increase

or decrease in certain diseases in the groups of years 1882 to 1886, and 1897 to 1901, males and females, calculated from the Annual Reports of the Registrar-General?

ENGLAND AND WALES.—*Comparison of the percentage increase or decrease of annual death-rates from various causes to a million living in groups of years 1882—1886 and 1897—1901. Males and females.*

Causes of Death.	Males. Decrease per cent.	Females. Decrease per cent.
All causes	8·82	10·34
Small-pox	89·90	90·71
Scarlet Fever...	76·29	66·06
Typhus	93·75	94·44
Typhoid (Enteric)	10·18	26·29
Malaria	50·00	86·88
Phthisis	20·27	34·99
Other Tuberculous Diseases ...	20·57	19·23
Erysipelas	52·39	52·58
	Increase per cent.	Increase per cent.
Diphtheria	73·18	59·40
Cancer...	65·58	34·33
Alcoholism	65·07	125·62
Acute Nephritis, Uræmia	36·01	38·46
Chronic Bright's Disease, Albuminuria	21·43	24·21
Diabetes Mellitus	40·78	80·95
Disease of Thyroid Body	75·00	152·94
Rickets	100·00	85·41
Gastric Ulcer and other Diseases of the Stomach	51·90	70·43
Appendicitis and other Diseases of the Intestines	253·31	210·04
Otitis	98·80	89·55
Injury at Birth	550·00	514·28

The mortality from small-pox has fallen off about 90 per cent.—a fact which would appear to be conclusive evidence in favour of vaccination, but for the equally startling fact that the mortality from typhus—for which there is no vaccine—has diminished even more. Scarlet fever, too,

controlled by the preventive measures of general hygiene, shows a diminished mortality return amounting to 70 per cent.; and hydrophobia has been stamped out, not by Pasteurism, but by quarantine.

Antistreptococcic serum has made but little progress. The only occasion on which I have myself tried it (and that on the advice of the Institute) was unsuccessful, although the patient eventually recovered under the influence of large doses of salicin.

With regard to Coley's fluid, a Committee of the New York Surgical Society came to the conclusion that the danger of its employment was great, the successes few, and that its possible utility was limited to non-operable cases.

It is worthy of note that diphtheria, which for some years has been treated by antidiphtheritic serum (antitoxin), is the only acute infectious disease which shows a steadily increasing mortality, amounting to from 60 to 70 per cent.

Tubercular disease is steadily decreasing, and although the tubercle bacillus was discovered by Dr. Koch in 1882, and shown to stand in causal relation to the disease, for more than a generation the ablest experimentalists in every civilised land have failed to discover an efficient serum.

The present writer was at Davos at the height of the tuberculin boom. Some of the doctors required a new hypodermic needle every day, so numerous were the injections given. In their enthusiasm and gratitude they proposed to erect forthwith a statue to Koch by public subscription. But it was found that what tuberculin cannot do, fresh air and good living can. And Koch, I believe, has still to wait for his Davos statue.

The Practical Aspect of Scientific Research.

The practical aspect of scientific research may be well illustrated in the *Times* correspondence to which allusion will be made later (page 163). Professor Latham, of Cambridge,

intervened in the controversy regarding Dr. Alabone's treatment of consumption, of which the administration of *Lachnanthes tinctoria* is an important factor, and formulated the following conditions as necessary to give scientific sanction to the treatment :—

First, the plant should be chemically investigated, and its active constituents determined and isolated.

Secondly, the effects of these on the existence or growth of the tubercle bacillus outside the body should be noted.

Thirdly, experiments should be made on healthy and tuberculous animals of different kinds with these active constituents.

Lastly, if definite results are obtained from the preceding experiments which justify the administration of the remedy to human beings, then it should be given to patients, provided they were cognisant of and sanctioned its employment.

To some minds, I doubt not, such methods appear very satisfactory : to me they occur as more sad than sapient. Every one of Professor Latham's suggestions appears to me answered in advance by the brief notes which I have made above. And the sufferer from consumption will appreciate the practical value of the methods "which the medical profession would accept" by noting that Sir William Broadbent says of Colonel Trench's proposed test of this cure, that it was "a work, by the way, which would require ten or twenty years."

The attitude of the hierarchy towards the cure of consumption does not seem altogether different from that affected towards cancer, and, with apologies to the reader, I will quote a short remark from my work on "The Cure of Cancer : and how Surgery blocks the Way," which seems perfectly in harmony with the present subject :—

"The Patient's Point of View.

"Is there no fear, indeed, in these discussions that the patient's point of view is apt to be overlooked? I could

myself, for example, quite believe that Mr. Sheild's patient, who did not have cancer, but did die from exhaustion, might have preferred being cured on a mistaken diagnosis, rather than have cleared up the matter on the *post-mortem* table. It sometimes seems as if the attitude of modern surgery towards heterodox cancer research is somewhat on the lines of the Committee of Investigation appointed to inquire into the case of alleged recovery of sight by one born blind. The poor fellow was examined, cross-examined, and re-examined; and in the end the Committee seemed as far from a satisfactory solution as ever. Doubtless they—like Mr. Marmaduke Sheild—had approached 'the most difficult of all problems with the humbleness begotten of a knowledge of its mystery, and a desire for accuracy and truth,' and yet their perplexity seemed completely to puzzle the patient, who was illogical enough to be satisfied with the simple fact —'This one thing I know, that, whereas I was blind, now I see.'"(*a*)

This, I imagine, is very much the attitude of the Hon. Mrs. Le Poer Trench towards the cure of consumption, she having been given up as hopeless by Sir William Broadbent, and cured by a treatment, the *scientific* value of which it would take ten or twenty years to determine in a way "which the medical profession would accept"—if Professor Latham admits Sir William Broadbent as an authority on the question.

Dangers of Commercialism.

It is very obvious that such reputed remedies as vaccines and sera are open to the gravest abuse. For the secret of the one to which I have already referred, the sum of one hundred thousand pounds was said to have been offered. About the same time there was a rumour that a syndicate was

(*a*) St. John's Gospel, chapter ix.

proposing to corner the supply of antitoxin, the serum against diphtheria, and the only one of its class that has established anything like a reputation for itself. We read in the journals but the other day of another syndicate endeavouring to acquire for a large sum (£10,000) the latest addition to the list of anti-tubercular sera or vaccines.

I ought, perhaps, to say that the alleged statement with regard to the amount of one hundred thousand pounds having been offered rests solely on my recollection. In answer to a question addressed to my informant, I received from his wife a letter to the effect—"Mr. —— says it was Dr. Schmidt who told him that an English baronet had offered him a large sum of money for the secret of his serum, but he does not now remember the exact amount."

That there are very real dangers from the point of view of commercialism may, I think, be accepted from the remarks of Dr. Bashford, the Superintendent-General of the Imperial Cancer Research Fund. The *British Medical Journal* (*a*) reported him as follows :—

"A few years ago the investigation of cancer attracted voluntary workers only, and almost, if not entirely, from the medical profession. To-day we have an increasing number of laboratories springing up all over the country, and they are, or will be, provided with staffs obliged to investigate cancer, and to devote their whole time to this duty. I have seen the phrase 'in these days of competitive research' used in a newspaper article on the efforts being made to explain cancer. I think the phrase is unfortunate ; it shows the existence of the wrong spirit among those engaged in cancer research, of a desire to make a show, to get out some results, to claim progress when none is being made : in short, it is a phrase coined to fit the spirit of scamped work and hasty conclusions, and it may even be a symptom of a tendency

(*a*) Vol. II. 1905, p. 1510

to exploit cancer research for other purposes." (The italics are mine.)

It is right that both the profession and the public should be on their guard against the danger to which I understand Dr. Bashford to refer in his concluding remark—the danger of prematurely accepting the claims made on behalf of this or that serum, which in the nature of things is the monopoly of the man making the claim. In drawing attention to this matter, nothing is further from my intention than to impute *mala fides* to anyone; we are all liable to mistakes, and the greater one's enthusiasm the greater one's liability to error. I will confine myself to but one illustration.

M. Doyen, of Paris, is reported as telling the "Academy of Science" that "the toxines of *Micrococcus neoformans* do not attain their full activity until after ten months of culture, and the production of the active toxines is as delicate for this microbe as for that of diphtheria or tetanus." He had already pointed out—"The different types of active vaccines are cultures of *Micrococcus neoformans* obtained in a virulent state from malignant tumours of man, or after their passage through the white rat, the white mouse, the guinea-pig, and the rabbit, and subsequently attenuated, either by the action of heat at temperatures varying from 40° to 55° C. (104° to 131° F.), or by the addition of chemical substances, particularly hydrochloride of quinine, cacodylic acid, and methylarsenic acid. These bodies act in the same way as bichromate of potassium, perchlorates and iodine, which have been already employed for a similar purpose." M. Doyen stated further—"The activity of the toxine thus prepared should be modified, to correspond with the different clinical cases, by the same methods as the cultures themselves, that is to say, by the combined action of heat and of the chemical substances above mentioned."

Obviously this toxine was Dr. Doyen's monopoly. It was reported in our own public press that he had charged

a wealthy patient £4,000 in advance for a course of treatment, and I myself have received what purported to be a circular advertising a limited quantity of the serum for sale on terms which would have appeared exorbitant but for the difficulties and expense attending its preparation. Apart from any other virtue possessed by Dr. Doyen's serum, I can well understand that the chemicals added may have a very beneficial effect.

Dangers of Misdirection.

But the dangers of commercialism sink into insignificance in comparison with the dangers which I may describe as those of "misdirection," and of these, I venture, with great deference, to submit that the Imperial Cancer Research Fund is as illustrious an example as can be desired for the purpose of argument.

It has made many thousands of experiments in many thousands of highly organised mammals. My submission is this—that the method of experimentation is not only a waste of time, but is actually blinding the eyes of the experimenters, and is pointing in an absolutely wrong direction. At the best, its results are but provisional. Not only has it wasted valuable time in the past, but it proposes to waste more in the future. And in the meanwhile thousands are dying from this terrible malady.

I have said what I wanted to say on this matter, in my "Cure of Cancer: and how Surgery blocks the Way," of which I shall be proud if any and every Labour Member of Parliament interested in the subject will do me the honour of accepting a copy. I am not afraid of stating my own conclusion with regard to experimental cancer research. It is conveniently and concisely summed up in the aphorism or epigram variously ascribed to Talleyrand and Fouché—"It is worse than a crime: it is a blunder."

CHAPTER XVII.

THE HIERARCHY AND ITS TRADITIONS.

The Public Penalty.

The very earliest tradition which is instilled into the mind of the student at one of the London hospitals is a contempt for the general practitioner, or "G.P.," as he is called—the hospitalism which is prevalent blinding the eyes of the majority to the fact that after five years of study and the expenditure of several hundred pounds, 90 per cent., or perhaps even more, of them will but attain to that position which they now affect to despise.

An incident illustrating this spirit has left a lifelong impression on the present writer's mind. The scene was the Resident's dining-room at one of the large London hospitals. Word was brought to the Resident Assistant Surgeon that a child had just been "sent to the hospital for tracheotomy." Great indignation was expressed that a G.P. should presume to dictate what his patient *required*—that was for the hospital Surgeon to decide.

Never did a dinner seem so aptly described by the line, "Which like a wounded snake drags its slow length along," as did that dinner.

But at last the company adjourned to the small ward where the little patient lay fighting for life; and the tracheotomy was performed which the G.P. in his anxiety had so rashly requested.

No realistic details can help this picture! The surgeon who could put in his best work under such circumstances must be either more than a man, or less.

It is not surprising, however, that with such a sense of the dignity of his position, this same surgeon is to-day holding a distinguished place on that hospital staff, and is followed into that very same ward by flocks of admiring students—the despised G.P.s of the future.

Nor are such incidents as the above merely matters of ancient history. In the *British Medical Journal* of April 28th, 1906, there was an article on "Hospital Residents and General Practitioners." It referred to a case in which a house-surgeon at one of the London hospitals twice saw a female patient within twenty-four hours, overlooked the existence of suppuration in connection with the ear, and refused her admission; the patient was forthwith taken to another hospital, and died during the operation of emergency then and there undertaken. "She brought with her," said the writer, "a letter from a private practitioner who had seen her, and who stated that she had an abscess behind the ear which required opening. The house-surgeon, however, in spite of this opinion, regarded the swelling as merely due to glandular enlargement not requiring operation." The *Journal* very rightly pointed out that the vastly greater experience of the general practitioner is not lightly to be set aside, especially when expressed in a letter to a hospital.

My own experience of hospital life would lead me to consider that contempt for the general practitioner is an essential part of medical education; it is as the milk on which his *alma mater* nourishes the budding doctor. And I find some confirmation of my own opinion in an anonymous pamphlet recently published and distributed to the members of the Marylebone Division of the Metropolitan Counties Branch of the British Medical Association, "Amongst the Gods: an 'Economic' Question." "The public is not to blame," said the author's interlocutor; "you 'gods' have educated it to believe that we doctors of the poorer sort are of little account."

I submit with the utmost conviction that this deplorable condition of affairs, both as it endangers the life of patients and the simple decencies of professional life, is the direct outcome of the deliberate effort of the governing oligarchy to create the *gulf* referred to both by the author whom I have quoted and by myself.

There is another tradition of the hierarchy which, to the best of my judgment, costs many hundreds of lives every year. I refer to the *tradition of diagnosis*. I do not propose to dwell on the exposure which may well be calculated at first to shock and then to undermine the modesty of female patients—to say nothing of the demoralising influence on young men in the early vigour of virility. A three-column review in the *British Medical Journal* on a work which dealt with this aspect of the case may more than suffice. My ambition is that this book shall not be out of place on a drawing-room table, even though it merit at the hands of the hierarchy *public burning*.

The tradition of diagnosis to which I am referring is illustrated by such an incident as the following:—How well I can remember a little lad suffering from rheumatism being stripped to illustrate to a class of students the clinical features of the case, including early inflammation of the heart. How many minutes he remained uncovered I cannot say: it seemed to me ages. That the poor little chap subsequently (and, I thought, *consequently*) developed pleuro-pneumonia on both sides occasioned me no surprise. Another case which appeared to me to illustrate my present contention was that of a lady who probably had what we should now recognise as influenza. I diagnosed rheumatism without local development, and suggested that, *as the poison might first strike the heart*, it might be a comfort to the friends to have a second opinion. A deeply honoured friend of my own came up, and exposed the patient's chest for what seemed to be an unconscionable time in his desire to be strictly accurate in his diagnosis.

He failed, however, to discover anything beyond what I had told them, and, fortunately for me, wrote to the friends of the patient, after getting home, in acknowledgment of some communication from them. That night the patient died suddenly, with all the symptoms of blood-clot formation in the heart. My own feeling is very strong that she died in consequence of the traditional exposure to which she had been subjected for the purpose of accurate diagnosis—a result which might have been arrived at without the slightest chilling in the world.

It would not be difficult for me to illustrate my contention by more recent examples, which I forbear doing from consideration to the feelings of others. The practice is, however, an absolutely hateful one, and, in my judgment, costs many hundreds of lives every year, to say nothing of crippled existences. It is the penalty exacted from the public—at least, from its middle and lower classes—in consequence of that hospital tradition which I am now discussing.

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

WHAT ARE THE SACRIFICES OF THE HIERARCHY?

WHAT ARE THE SACRIFICES OF THE HIERARCHY?

CHAPTER XVIII.

Query : The Sacrifice of Intellect?

"self-restraint in surgery."—mr. basil hall.

The creation of the "great gulf"—which in turn entails the "race for statistics"—further occasions the sacrifice of the highest intellectual gifts, in the exercise of which the mental powers of the doctor were in time past educated. Scientific surgery has changed all that. I cannot do better than quote a paragraph or two from the above-quoted excellent address by Mr. Basil Hall. He said: "One of the worst effects of this hasty resort to operation is the tendency to neglect clinical observation and shirk accurate diagnosis. 'God intended you to use your eyes first, and then your hands,' was the dictum of a still famous surgeon, and one which he was never tired of impressing upon his hospital class. Now it is in our hospital residents that we most clearly see the modern attitude reflected through the medium of their teachers, and no one who is attached to a hospital can fail to recognise the change which has taken place in the house-surgeon of recent years. His interest is centred almost entirely upon major operative surgery. He can safely be entrusted with the after-care of an abdominal operation; his aseptic technique may be beyond reproach; but give him a non-operative case where careful observation and close attention is required, and he not uncommonly proves a failure. The case bores him, and he frequently

hints that it ought to be transferred to the physicians. Aseptic fanaticism has been so impressed upon him, that he leaves suppurating wounds to the care of a nurse. He scorns the idea of employing drainage in wounds, considering it a confession of weakness. He frequently fails in minor surgery because his interest in it has never been stimulated, and because he honestly regards it as too trivial to be worth his attention. He considers that crushed fingers are better 'lopped off,' to use his own phrase. He has forgotten the old axiom that 'amputation is the reproach of surgery.' His powers of observation have been neglected, and he is not infrequently little better than an automaton for applying and removing dressings on aseptic wounds. It is a striking fact that although we can obtain young men from first-class London schools who are able assistants in major surgery, it is the exception to find one who can be relied upon to do the ordinary surgical work of hospital practice carefully and efficiently.

"I put these criticisms before you in no carping spirit, but because they illustrate the unsatisfactory results produced by the tendency to neglect clinical study and to reduce surgery to a mere mechanical art."

Let the reader think for one moment what this means throughout the length and breadth of the land. The young surgeon who enters on the practice of his profession is more or less unqualified to pursue it from the point of view of ability to deal with the minor ailments of life, which fortunately constitute the main bulk of his business. If the be-all and the end-all of homœopathy be drugs—which probably would not be admitted by the homœopaths—the be-all and the end-all of modern medical education is the knife: "Lop it off!" The brain of the student is exhausted by a curriculum prolonged to absolutely unnecessary lengths for the purpose of providing for the "economics" of the hierarchs, and then it suffers atrophy from lack of use.

"Lop it off" entails no intellectual exercise, and thus the modern doctor will sooner or later develop into a micro-encephalic type, whose logic is scarcely less dangerous than his knife. In fact, is not something of the kind already true?

SURGICAL LOGIC SCARCELY LESS FORMIDABLE THAN THE KNIFE.

Logic, indeed, in the surgeon's hands is scarcely less formidable than the knife. If a patient dies unoperated on, an operation would certainly have saved him; if the patient was operated on and died, then the operation was undertaken too late. *Mutatis mutandis*, the same line of argument is applied to malignancy and its consequences, the possibility of the operation having induced the malignancy being absolutely ignored. If non-operative treatment had preceded operation and been abandoned because it did "not immediately fulfil the promise of its promoter," then the subsequent non-success of the operation is ascribed to the antecedent treatment. If efficacy is claimed for any non-operative treatment in the course of which the patient is confined to bed, then it is the rest in bed, and not the treatment, to which the improvement must be ascribed. But the confinement to bed which is necessitated by most operations is frankly forgotten —the operation alone has to be thanked. If a patient is cured without operation and without being confined to bed, then the diagnosis was erroneous, and, as a choice of evils, the surgeon may be willing to concede that even he is so far human as to have been in error in diagnosing cancer and giving a hopeless prognosis.

CHAPTER XIX.

Query: The Sacrifice of our Reason, or Conscience, or Both?

It appears to me that never in the history of the Church has more implicit obedience been demanded from its servants than is claimed from the rank and file of the profession of Medicine to-day by the dominant hierarchy.

I have already in this essay dwelt on what I regard as the *non-sequitur* on which the claims of Sir Victor Horsley rest in regard to his operations for malignant disease of the brain. In my book on "The Cure of Cancer: and how Surgery blocks the Way," I have also referred to the arguments of the present President of the Royal College of Surgeons, Mr. Henry Morris, and have suggested the manner in which it appears to me that the "caution and logical attitude with which the hospital surgeons of this country regard the treatment of cancer by other than operative measures" may result in an *increased mortality from cancer*. In my present essay I will confine myself to a criticism of the latest Bradshaw Lecture, because it may be regarded as the most up-to-date pronouncement of the most advanced surgical art and science.

MR. EDMUND OWEN AND THE BRADSHAW LECTURE.

The learned lecturer, Mr. Edmund Owen, Senior Vice-President of the Royal College of Surgeons, Consulting Surgeon to St. Mary's Hospital, and Senior Surgeon to the French Hospital, London, repeatedly dwelt on the important

part the daily Press now plays in the extension of medical knowledge, and said that "the result is that the newspaper-reading public are by no means ill-informed as to the lines on which surgical treatment is advancing." The *British Medical Journal*, indeed, recognised (or thought it recognised) in some of his statements evidence that "the lecturer felt that his audience was not confined to the four walls of the College of Surgeons, but comprised a wider public outside." It is well for the public to remember the possibility of such a fact, and it certainly emphasises the importance of free discussion, which shall at least make it possible for them to "hear the other side."

Mr. Owen disapproved of statistics as a means of judging of success in operations on cancer, and in this, I imagine, he is right. "Hard figures" can have but little to commend themselves, excepting to surgeons whose brains are "too tired for rigorous analysis."

There is some curious light thrown on the value of surgical statistics in the *British Medical Journal* of March 9th, 1907, page 554, which I reprint without comment:—"Dr. Fuller's idea of what constitutes a total prostatectomy is not less strange than his conception of what constitutes a successful operation. Describing the condition of Case E, he writes: 'Four weeks after the operation the patient sat up, and now, six weeks after, he walks about the ward with the help of an attendant. The urine, now clear, still comes through the granulating suprapubic wound, which the slough made quite extensive. There is good expansive force in the bladder, and, with the suprapubic wound closed, I feel that urination will be accomplished without difficulty. The uræmic symptoms have not all disappeared, and at times he is drowsy or excitable. It is probable that in time he will succumb to his nephritis, and such is to be expected, especially since, owing to his poverty, comparatively little can be done for him.'

"Let the reader imagine himself in the position of this patient, and say if, under the circumstances, he would regard the operation as successful. But what matters it what the reader thinks, since Dr. Fuller adduces the irreproachable testimony of Mr. Mayo Robson to the effect that it was entirely successful? In his articles in the *Annals* Dr. Fuller writes: 'Mr. Robson concludes his reference to me with the remark, "Moreover, Dr. Fuller's cases referred to above were completely cured."' I scarcely think that even the testimony of Mr. Robson will convince the reader that this case was either 'successful' or 'completely cured.' Mr. Robson is evidently willing to extend to Dr. Fuller that elasticity as to the meaning of the word 'success' which he employs in his own statistics, for in the *British Medical Journal* of September 7th, 1901, p. 627, I pointed out that Mr. Robson had returned a case as 'successful both immediately and remote,' which had obviously died from operation. I have referred to this matter merely to show that Dr. Fuller's statements and statistics have to be taken with a certain amount of reserve."

For the above quotation I accept no responsibility. In my work on "Fibroid Tumour" I have pointed out how death may follow as the immediate consequence of a successful operation, but it is not often that a surgeon criticises the statistics of colleagues in a journal with an important non-medical circulation, as is done by Mr. P. J. Freyer in the above extract.

To the statements in the article above quoted there was a rejoinder from Mr. Mayo Robson in the issue of the *British Medical Journal* of March 16th, 1907, p. 658. It is not clear to me which part of that letter is relied on as a refutation of the explicit statement made by Mr. Freyer, "I pointed out that Mr. Robson had returned a case as 'successful both immediate and remote,' which had obviously died from operation." I am, therefore, obliged to quote the letter *in*

extenso:—"After the rather lengthy correspondence that took place in the pages of the *British Medical Journal* in 1901, in which not only Mr. Freyer and myself but a number of well-known surgeons took part, I was astonished to see in the *Journal* of March 9th that Mr. Freyer had again brought forward the same arguments which he previously used. If anyone is sufficiently interested in the subject, he will find full reports of my early cases (one of which is referred to in Mr. Freyer's paper of March 9th) in the *Journal*, July 14th, 1894, and July 27th, 1901, p. 244, and of the letters that I wrote in the same *Journal* for July 27th, August 10th, and August 24th, 1901. As Mr. Freyer, in spite of all the arguments used by myself and others, is still labouring under the same beliefs that he previously held, I cannot see that any advantage would accrue from a repetition of the correspondence."

This may be so, but, on the other hand, it is quite possible that both the professional and lay readers of the *British Medical Journal* may consider that there are greater interests involved than any question of priority in relation to the operation which is generally associated with Mr. Freyer's name; and how far Mr. Mayo Robson's letter elucidates those problems all directly interested may judge for themselves,—if they have time and opportunity for the research indicated.

The Bradshaw Lecturer assured his hearers (within and without the four walls of the College of Surgeons) that the Cancer Research Fund Investigators are "at all times ready to make impartial investigation" of any claims to a cancer-cure. I have dealt in my work on Cancer with what appeared to me as the preposterous suggestion that the so-called cancer-tumours of mice can be looked upon as means of judging of the effect of remedies in the treatment of cancer in mankind. Mr. Roger Williams, of Bristol, has well summed up modern cancer-research as a

" 'medley of chaos, clouds and tongues,' in which there was neither light nor leading." Before accepting the assurance of the "impartial" nature of such investigation—however preposterous its assumptions—I have suggested to the Executive Committee of the Fund that a preliminary denial of the supposition that a leading article in the *Lancet* of February 4th, 1905, was inspired from the laboratories of the Imperial Cancer Research Fund, could not fail to give satisfaction to all interested in the Cure of Cancer.

Although the assertion that operation was the only hope for the sufferer from cancer was very emphatic as well as reiterated, as a matter of fact the claims advanced for operation were very modest. The operating surgeon, "even if he be allowed to deal with a cancerous growth by a free cutting operation, still is unable to *promise* a cure; and, unfortunately, no operator could ever be justified in making such a promise." Mr. Owen claimed, however, that there had been "undoubted cases of cancer" which had been cured by operation, forgetting apparently that such may have been cases of "spontaneous cure" following operation, such spontaneity of cure appearing to him applicable only to cases of alleged success from non-operative measures. Said he :(*a*)—

"One fact of importance obtained in our research laboratories, in the course of inoculation experiments upon mice, is that, every now and then, a mouse which has been infected with cancer gradually triumphs over the disease, and at last gets entirely free from it. The same thing sometimes occurs in the human subject—an undoubtedly malignant deposit steadily growing smaller, and eventually fading away. Unfortunately, this takes place so rarely in the human subject that it is impracticable to hope for it. *But it may happen;* and in cases in which the disease is regarded as inoperable, the surgeon does not lose sight of this possibility. And when

(*a*) *Brit. Med. Jour.*, Dec. 15, 1906, page 1686.

he hears non-medical friends or neighbours discussing some extraordinary case in which, under gentle treatment by coloured liquids, by violet leaves, or by goodness knows what, a tumour which had been called a cancer has been cured, he is likely to say to himself that if it *were* a cancer (which, perhaps, he may make so bold as to doubt), this was probably one of those rare instances of spontaneous cure. The question arises as to what there was in those mice, or in that happy individual, which enabled the natural forces to vanquish the disease."

In anticipation of any objections which might be raised before the Royal Commission on Vivisection on the Imperial Cancer Research Investigations, Mr. Owen said :—

"It is likely that the question of experimentation upon mice in the laboratories of the Imperial Research Fund will receive mention at meetings of the Vivisection Commission, and that some misinformed and, therefore, apprehensive witness, or some Little Englander of the science-world, may be asking himself what profit can be forthcoming from such experimentation, claiming that mice are of more value than many human beings who are, or may be, the subjects of cancer, and demanding that further experimentation—the only means by which a cure for cancer is likely to be discovered—shall forthwith cease. As to the precise value of the work it is yet too early to speak; but, seeing into whose care the direction of the laboratories has been placed, the public may trustfully await results, and in full assurance that no cruelty will be allowed to dishonour the research.

"The inoculation of the mice with cancer is done by the mere prick of the skin with a slender, hollow needle. It is no more a 'vivisection' in the ordinary acceptance of the word than the giving of a hypodermic injection to a patient is a surgical operation. And, as regards the mouse who has been thus rendered cancerous, he is, to all

appearances, except in extreme and unusual circumstances, as comfortable as his companions are."

It is by no means certain that Mr. Owen's anticipation of unfavourable criticisms before the Royal Commission are well founded. I have already recounted (page 93) my experience in requesting to be heard on this matter before the Commission. Therefore, I would take the present opportunity of asking Mr. Owen whether inflammation of the bowels entails no diminution in the comfort of animals which, in spite of the smallness of their size, are described by Dr. Bashford as amongst the most specialised mammals. My reason for this question lies in the fact that in the Scientific Reports of the Imperial Cancer Research Fund it is stated that in one experiment alone—an experiment which is still in progress—"more than half the mice have died of intercurrent enteritis." This experiment was one of a series to which I have already referred elsewhere, in which 1,073 mice were inoculated, with the resulting death (within a fortnight or so) of 441 animals, although the cause of death was not in all cases reported. Whether a like proportion still holds good, now that the numbers of the research patients are counted in six figures, I cannot say, seeing that, in the exercise of a wise discretion, although 100,000 mice have now been under observation, as compared with 30,000 disclosed in the last published Scientific Reports, and 32,000 inoculations into mice alone have been made, as compared with 8,500 then noted, we were told at the annual meeting, on July 25th last, that "more time and a larger amount of experimental and statistical investigation were required before it would be desirable to publish another volume of scientific reports."

The Executive, it appears, whilst congratulating themselves on the "foresight of the organisers of the scheme in insisting on the formation of a permanent Endowment Fund," are for the moment chiefly interested in increasing the

£116,000 already in hand. "In order," said Mr. Owen in conclusion, "to ensure its continuous, even, and unpinched working, its endowment ought still further to be increased. To put it bluntly, the Fund wants about £20,000 more."

Under these circumstances, I venture to think that even the quotations which a lecturer may make in illustration of his teaching are by no means devoid of interest, especially when, as in the case of the Bradshaw Lecture, they are freely drawn from Sacred Writings. I reprint, therefore, what I said in "The Cure of Cancer: and how Surgery blocks the Way," on this interesting subject.

THE BRADSHAW LECTURER'S INFELICITOUS QUOTATIONS.

Mr. Owen's reference to the "Little Englander of the science-world" appears to have been as infelicitous as his quotations from Shakespeare and from Holy Writ. Without the contributions of millionaires of alien birth it is exceedingly doubtful whether the Fund would ever have come into being. Does Mr. Owen imagine that to this class we must look for the patriotism which is the safeguard of the British Empire?

"At the time that Italian Art," said he, "was at its highest pitch, rich and large-minded men were proud to come forward and stand as 'patrons of art'—a position which was not without occasional advantage to themselves, as they were thus enabled to see and acquire treasures which might otherwise have been missed by them. At the present time, in England, Science is in want of such men. Fortunately, we have already some with us—fortunately, indeed, for without their help this Cancer Research Fund could scarce have been established."

One can quite imagine that "in these days, when well-meaning but over-zealous persons are for ever telling us that

the chief part of our illnesses are brought on by our own misdeeds," some may be found who think that as a nation we are already progressing quite fast enough in the wake of Italian Art to that bourne where the traditions of *past* glories are the most cherished possession.

Mr. Owen seemed to suggest that when the Nature and Cure of Cancer are discovered it will not be to the *British Medical Journal* that the discoverer will report the fact. "There will be no need for him," he said, "to 'cry aloud' in the pages of the *British Medical Journal* in order to convince, or to 'strive' upon its cover." The discovery, the lecturer concluded, "will be as the lightning under heaven." And from the fact that Mr. Owen—with a knowledge of Scripture, the *extent* of which, at any rate, is borne witness to by this Bradshaw Lecture—should select, as his illustration for the attainment of the objects of the Imperial Cancer Research Fund, a similitude recorded by two Evangelists as descriptive of the *end of the world;*—from this fact, I say, the subscribers to the Fund must draw their own conclusion,—and what comfort they may.

In view, moreover, of what Mr. Owen said as to the discoverer of the cure for cancer having no occasion to "strive" on the cover of the *British Medical Journal*, I note with interest that his own lecture has enjoyed the very unusual advertisement (nearly two-inch space) for *five consecutive times* on the cover of the *Journal*, which makes me hope that his own estimate of the value of his contribution towards the cure of cancer does not materially differ from my own.

The learned lecturer was no more happy in his selection from our great national poet.

> "If it were done, when 'tis done, then 'twere well
> It were done quickly,"

said he, in pleading for early operation in cancer, or suspected cancer. It is precisely because it is not done (with)

when 'tis done, any more than it was done with when the gracious Duncan was murdered, that I ventured to quote the context of this very passage in my book on "Fibroid Tumour," when pleading *against* operation.

Mr. Edmund Owen having quoted, in regard to some of the gravest operations to which he was referring, the following lines :—

> "Diseases desperate grown,
> By desperate appliance are relieved,
> Or not at all,"

went on to say:—"In reviewing these various methods it would ill become the most conservative of us to condemn; or to stand upright and stiff in the Temple of Æsculapius and, with self-satisfied look, express smug thanks that he is not under the influence of such restless surgical activity. In the direct treatment of cases which are otherwise hopeless, we must allow freedom of judgment and action to the honest and enterprising surgeon, and, if personally unwilling to lead a forlorn hope, we must not try to hinder others whose judgment may, after all, be just as good as our own."

Mr. Owen would probably be the first to admit that it is difficult to decide where "honesty" stops and "enterprise" goes on alone, if it be true that fees varying from one hundred and fifty guineas to one thousand pounds have been demanded in advance for operations on cases which some would have described, not as "a forlorn hope," but as *hopeless*, and the patients have died—in the one case, on the table ; and in the other, two or three days afterwards. If such things be true, one may be excused inquiring whether the Temple at Jerusalem might not possibly furnish a more apt illustration of the modern Temple of Æsculapius than the parable of the Pharisee at prayer. The mind conjures up the picture of a young Man with a scourge of small cords, and hears His scathing denunciation of a temple where the only thing remaining sacred was the *sacra auri fames*. And one wonders whether the

"*heroism*" of the modern surgeon—of which one has already heard too much—consists in leading such "forlorn hopes" as those referred to by the Bradshaw Lecturer.

In concluding his Bradshaw Lecture, Mr. Owen drew a touching forecast, enriched with illustration drawn from Holy Scripture, modestly depicting himself as Moses viewing from Pisgah's heights the promised land to which the modern Joshua (the Prince of Wales) was to pass over Jordan, "'to that good land which is beyond, that goodly mountain,' which Surgery promises herself shall, in the fulness of time, be made her own." Has it been the fate of the present writer, like some modern Balaam come out to curse Surgery, to end by blessing her, in showing how soon—the year 1930, perhaps, at the latest—she may look for truly great things, provided only she be "strong and very courageous"?

Although the Prince of Wales bears as his motto the words "*Ich dien*" (I serve), it is just possible that his Royal Highness may not be flattered at playing Joshua—"his servant Joshua"(*a*)—to Mr. Owen as Moses; and especially is this reasonable when the background and the local colouring so vividly supplied by the lecturer are more in harmony with the "Pied Piper of Hamelin" than with the captain of the Lord's hosts. Henry VIII. thought his great Minister a better grammarian than a courtier, because he spoke of "*Ego et Rex meus*"; whether Mr. Owen's literary efforts are more fortunate, it is not for me to surmise.

"*La critique est la vie de la science*," and it is not less necessary in matters affecting the life of a profession. The reader must judge how far my criticism of the Bradshaw Lecture has been helpful in answering the question whether in subscribing to the creed of the hierarchy and worshipping the fetish of vivisection, "throned in the sacred stronghold of research," we have sacrificed reason, or conscience, or both.

(*a*) Exodus xxxiii. 11.

CHAPTER XX.

Query: The Sacrifice of Honour and Truth?

SIR W. H. BROADBENT AND DR. ALABONE.

How much I myself "have lived in the shadow, asking only to be allowed to work in peace," could not be better shown than by the fact that I was totally ignorant of the correspondence which took place in the *Times*, in 1901-2, in regard to Colonel Le Poer Trench's offer of £1,000 towards a fund of £10,000 for the purpose of testing Dr. Alabone's treatment on an extended scale, until a reprint of that correspondence was received on February 20th, 1907, from Dr. Alabone, whose treatment had been successful, it appears, in restoring to health the Colonel's wife, after her case, it is alleged, had been declared hopeless by Sir William Broadbent.

The correspondence, in one of its main issues, turns on the grounds on which Dr. Alabone was expelled the Royal College of Surgeons, and indicates a condition of affairs that no one to whom is dear the *honour* of the profession of medicine can contemplate with satisfaction. Nay, more, I venture to think that, unless the tradition of what is "English" and what is "un-English" has ceased to have any signification to the present generation, Parliament will not permit a continuance of the present government of the profession of medicine.

In my work, "The Cure of Cancer: and how Surgery blocks the Way," in order to show how "Authority" had in the past withstood the Truth, I instanced the blind acceptance for thirteen centuries of the teaching of Galen, both in respect of anatomical facts and medical theories, and mentioned John

Brown of Edinburgh and Ignatius Semmelweiss of Vienna as illustrations of the persecution to which the introduction of new truth has exposed its prophets. The reader must judge whether I need have gone further back than the present century to have found the necessary material to point my moral and adorn the tale.

Dr. Alabone was cited to appear before the Royal College of Surgeons in consequence of a resolution passed unanimously at an ordinary meeting of the Council on the 10th June, 1886, which read thus:—"That the notice respecting Mr. Alabone in *Moonshine*, dated the 5th June, 1886, is one for which, in the absence of any proof to the contrary, Mr. Edwin William Alabone, admitted a Member of the College on the 17th of May, 1870, must be held responsible; that such notice is an offence under Clause 2, Section XVII., of the Bye-laws, being, in the opinion of the Council, prejudicial to the interest" and "derogatory to the honour of the College," and "disgraceful to the profession of Surgery." Mr. Alabone, in his pamphlet, "Infamous Conduct," actually gives what purports to be a lithographic facsimile of the letter from the Secretary of the College.

This, then, constituted not "*the principal charge*," as in my own case, but *the only charge*, and he was *held guilty, until he proved his innocence*. And very naturally, in his letter to the *Times* of September 5th, 1901, Sir W. H. Broadbent expressed his great astonishment, "if Colonel Trench's explanation of the circumstances under which his (Dr. Alabone's) licence to practise was withdrawn disclosed the entire truth"—an astonishment which would probably have been simply intensified if Sir William was cognisant of the fact that the illustrated notice in *Moonshine* was but one of a series of medical and surgical notabilities.

In October, 1901, Sir William Broadbent wrote to Colonel Trench as follows:—"I have been furnished with a copy of the proceedings of the Royal College of Surgeons when

Mr. Alabone was removed from being a Member. They command my admiration by their dignity and moderation. You do not seem to be aware that the article in *Moonshine* was by no means the only ground for his expulsion."

It appears that the late Sir Spencer Wells asked the defendant, at his interview with the Council: "Are you aware, sir, that you profess to cure a disease that the medical profession declares to be incurable?"—although Sir W. H. Broadbent, in his letter just quoted, remarked: "The curability of consumption was taught in every medical school before Mr. Alabone entered as a student." But the brief fact with regard to the patient in whom Colonel Trench was the most interested was, that Sir William Broadbent is alleged to have considered her case hopeless, and that thereafter Dr. Alabone cured her, and Sir W. H. Broadbent, it is alleged, saw the patient after her cure.

Sir William Broadbent suggests, in terms which are perfectly conclusive, that he has seen a copy of the proceedings, and that, in consequence of what is there disclosed, the expulsion of the defendant was a "*moderate*" course. And, although a copy of these proceedings was furnished to Sir William Broadbent, whose *locus standi* in the matter is not clear to me, repeated efforts on the part of the defendant and those interested in him to see those proceedings have been fruitless. Moreover, Colonel Trench was informed, on what he regarded as the highest authority, that the Royal College of Surgeons, being "extra-parochial," could not be compelled to produce returns even to Parliament itself.

Sir William Broadbent fell back on the *argumentum ad hominem*, and suggested that Sir James Paget and Sir William Savory, who were on the Council, might safely be trusted to see that no injustice was done. He quoted also, it appears, Sir Spencer Wells, whose alleged question to the defendant has been already cited. I remember with interest that in the very year (1888) in which I first suggested

that in electricity was to be found a means of reaching "inoperable" cancer, Sir Spencer Wells, lecturing before the Royal College of Surgeons later in the year, in referring to a lecture which he had delivered thirty years before (1857), on the cancer-curers of that day, said :—"On looking over my old lecture, I find this sentence: 'I should not at all be surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.' I have been surprised that his advent has been so long delayed." I venture to think, therefore, that the name of Sir Spencer Wells may be left out of the argument. And I have not seen in evidence that either of the other two surgeons was actually present at the meeting.

But, supposing that they were present, what does this prove? Absolutely nothing. Every juryman knows what one strong man can do on a jury in bending the opinion of the eleven to his own. And, as a general proposition, I submit with the utmost conviction that no man can remain a hierarch unless he is able to bend before the plea of the hierarchy—"*It is expedient for us that one man die.*" It is the only condition, in fact, on which the survival of a hierarchy is possible.

Did it never occur to Sir William Broadbent that to drag in the name of dead men was unfair to them, unless he is, indeed, prepared to admit that their word was of more value than his own—their judgment sounder, their motives purer? Because, if "honours" are a guarantee of "honour," and scientific training of accuracy, we may fairly assume that they were not less fallible than himself. Sir William, in the *Times* of November 29th, 1901, remarked that, "In medicine, as in law, we like to test the credibility of witnesses, and Mr. Alabone's co-efficient of veracity and accuracy, as established by the evidence I have adduced, warrants us in entertaining a certain degree of scepticism as to other statements he may make." And I presume that he (Sir William Broadbent) will not claim that his "co-efficient of veracity and accuracy"

shall be a thing outside discussion, because that would be to suggest that it is a negligible quantity. In the same letter Sir William goes on to say: "In Colonel Trench's first letter he refers to a case at Alloa, and it may be interesting to the public to have a few particulars with respect to it which have accidentally [*sic*] come into my hands." He then goes on to supply details of the case—details, nearly every one of which is disputed by authorities who might be expected to know the facts; but, for my own part, I am quite prepared that Sir William Broadbent's "co-efficient of veracity and accuracy" should be tested by the one word "accidentally." And I should be very much interested to know whether any definition of the word "accidental" to be found in any dictionary in the English language would cover the actual circumstances under which those "few particulars" came into Sir William's hands.

On December 28th, 1901, the *Times* published a letter from Dr. Alabone, setting forth in parallel columns Sir William Broadbent's statements and what he described as "their complete refutation." Into that I have no desire to go further than to remark that on January 2nd, 1902, there was a brief letter published over the signature "T. Garrett Horder," which read as follows:—"Referring to Mr. Alabone's letter, I should like to remark that he has omitted to mention the authority for the statements made. Sir William Broadbent we all know, but we should like to know who the person is that contravenes with so much emphasis the points referred to in the learned doctor's report."

Dr. Alabone, not unnaturally, retorted that Sir William Broadbent had likewise omitted to mention the source from which he had "accidentally" obtained his information, and suggested to Mr. Horder that he might profitably inquire. Mr. Horder is the same gentleman whose suggestion with regard to recognising the signal services of Sir Victor Horsley to the British Medical Association was quoted in

the preface. I don't know whether he makes a specialty of similar services to the "lions" of the profession.

It is quite clear, I hope, that there is no personal attack intended in the remarks herein made on Sir William Broadbent, to be under whom, at St. Mary's Hospital, I should probably have gone, if I had been rich enough to forgo the scholarship that I had won to St. Thomas's. The question to which I am asking anxious attention is this: Is a hierarchy in medicine compatible with truth and honour? Is not its very essence, rather, that the end sanctifies the means? Is it possible to read the correspondence reprinted from the *Times* in Dr. Alabone's pamphlet, without hearing the re-echo of the priestly controversy with Galileo?—The proposition that the sun is immovable in the centre of the world was characterised as "absurd in philosophy and formally heretical, because expressly contrary to Holy Scripture," and the view that the earth has a diurnal motion of rotation was said to be "open to the same censure in philosophy, and at least erroneous as to faith."

The correspondence, as I see it, exhibits the assumption of "Authority" to silence what may be the voice of "Truth." I am postponing the fulfilment of a very natural desire to make the acquaintance of Dr. Alabone, because I desire to treat this matter impersonally. Dr. Alabone is the object-lesson, simply because he has succeeded to such a degree as to have secured the championship of influential persons who have obtained publication for the alleged facts, even if they may not have succeeded in securing justice for the injured. But what of the nameless ones whose record might, perhaps, be obtained from General Booth, or from one or other of his Majesty's coroners? The question really is a national one, because history has shown that nations which were willing to sacrifice "Truth" to "Authority" were decadent nations, and the sophism that "it is expedient for us that one man die" has immediately preceded the *débâcle*. If the state-

ments made in the following letter were published in the Press of any other country of the world, imagine the frenzy of indignation which would be aroused in self-righteous England,—picture to yourself, reader, the fervour with which we should thank God that we were not as others ;—and remember this (on the authority of the late Marquess of Salisbury), that "the dying nation is characterised by a corruption in the administration of justice, which leaves no firm ground on which any hope of reform or restoration can be based."

The letter to which reference is made was published in the *Pall Mall Gazette* of March 24th, 1902, over the signature "W. Le Poer Trench, Colonel," and from it I quote the following extract (Alabone's reprint, with his italics) :—"Sir William Broadbent is well aware that it has been proved to demonstration that Mr. E. W. Alabone was *not guilty of the charge which he was summoned to answer,* and he has himself publicly added, to the testimony adduced, the evidence of his own conviction that that gentleman's deprivation was on other grounds than the '*Moonshine* incident' on which he was summoned. His conviction is based on a perusal of a copy of the minutes of the proceedings of the Council of the R.C.S. on that occasion. *He has refused to allow me to see the minutes. The Royal College of Surgeons denies me and the public any access to them, and even the person most interested (Mr. Alabone) has been refused, and has recently been again refused a copy of the proceedings*—in his own case, be it remembered! And now, Sir William Broadbent *seeks to draw a veil over the proceedings* by mentioning the honoured names of Sir James Paget, Sir William Savory and Sir Spencer Wells."

If Cæsar's wife must be above suspicion, then surely the humblest member of the profession of medicine has the right to ask that one holding Sir William's official position shall not be exposed to the suspicion which the foregoing published

statement implies, and especially is this true when the correspondence indicated that on simple questions of fact there were material divergencies between Sir William Broadbent's recollection of events and that of presumably equally trustworthy correspondents.

The possibility of a grave injustice being inflicted under the protection of "Authority" appears to me to be so clearly illustrated by the *Times* correspondence above referred to, that I introduce further particulars besides those it was my intention originally to deal with. Sir William Broadbent, it has been seen, appealed to the "authority" of distinguished men in the past. Mr. Horder in turn asked for the "authority" that ventured with so much emphasis to contravene "the learned doctor's report."

It is because I do not admit that any past authority had greater claims to infallibility than Sir William Broadbent himself, that I desire to emphasise the mistakes into which it is possible that he fell, mistakes which make it abundantly clear that to leave the powers of life and death (professionally)—without the right of appeal—in the hands of a body of men subject to the influences of like bias is nothing less than a national disgrace.

In his letter to the *Times* of August 31st, 1901, Sir William Broadbent wrote :—"I have personally known a gentleman who, from benevolent motives, purchased a cure for asthma, which he thought had done him good, for £10,000. He was ashamed of his bargain, and the remedy has not been heard of since."

The following letter appeared in the *Times* of October 1st, 1901:—

"To the Editor of the *Times*.

"Sir,—The *Times* of August 31st last contains a letter from Sir W. Broadbent, in which it is said that my late brother-in-law, John L. Bowes, after giving a sum of £10,000 to reward

the discovery of a spray for asthma, was quite disappointed, and had lost faith in it altogether. *I cannot understand how Sir William Broadbent could have been so misinformed.* My brother-in-law, who had suffered all his life from asthma, was so ill that he came to town and consulted Dr. Walsh, by whom he was told that he had *only three months to live.* He then went to another specialist, the inventor of the new spray, *whose name Dr. Broadbent avoids mentioning.* By him my brother-in-law was told that his case was curable. He, therefore, put himself under this gentleman's treatment, and *for over twenty years was kept free from asthma*, and in the enjoyment of very good health. At last, in 1891, after having been exposed to cold and wet, he was seized with acute pneumonia, of which he died. He was attended to the last by the inventor of the spray, who had become his fast friend, and my brother-in-law, to show his gratitude for the benefit he had received, left in his will to the family of his medical friend a considerable sum of money. The remedy, *which Dr. Broadbent says has not been heard of since*, is, and has been, *given every day* to all who can pay the usual fee, and for nothing to all who cannot afford it.

"As this is a matter of immediate interest to a vast number of persons, and of more remote concern to very many more, you will, perhaps, kindly give this letter a place in your columns.

"CHARLES E. BOOKER.

"Grasse, *September 30th.*"

To this letter Dr. Alabone appends the following note in his booklet, "How the Cure of Consumption is Suppressed," from which I have quoted the letter with the italicisation therein indicated :—

"This letter *entirely contradicts Sir W. Broadbent's statement* contained in his letter of *Times*, August 31st, although

he avers he had *personal knowledge* of the gentleman referred to."

Some of the criticisms of Colonel Le Poer Trench on Sir William Broadbent's attitude read as follows :—

"I must apologise if I venture to trespass on your space with a few remarks on the '*Alabone case*,' which I refrained from doing in my previous letter; but Sir William's letter, having been written under a total misapprehension, *is so misleading*, that it is incumbent on me to do so."—(*Times*, September 3rd, 1901.)

"We are all more or less under obligations to, and under the influence of, our family doctors, and none of us would, I am sure, knowingly hurt their feelings. These gentlemen have been *brought up for the past generation* to consider as an article of their professional faith that '*Alabone and his treatment*' *are rank heresy;* consequently, when anyone in the same position in life as ourselves has had the courage to try the 'Alabone' treatment, it has been by stealth. *The great strength of prejudice that exists on this subject could not be more aptly illustrated than it is in the case of our chairman*—a gentleman who is above all suspicion, and whose blunt honesty is to be admired. If such a man is to some extent under the influence of such a prejudice, how can one wonder at his less eminent brethren being similarly imbued?"—(Letter to the Council of the National Association for the Prevention of Consumption, October 18th, 1901.)

"I am free to confess that I am rather disappointed with the somewhat *captious tone of your criticisms*, which you say would have been very different were it not for the respect you have for my sincerity."—(Letter to Sir William Broadbent, Bt., President of the Council of the National Association for the Prevention of Consumption, October 21st, 1901.)

"I have endeavoured throughout this correspondence, which Sir William Broadbent in his letter in your issue of the

20th ult. terms '*preposterous*,' to avoid personalities and to maintain a courteous tone towards those who differed from the proposal I advanced, and I hope to do so now, when I ask your indulgence to enable me to deal with an unexplained point raised in that gentleman's letter. In it Sir William Broadbent appears to consider he was somewhat 'hustled' by a letter and a 'very long' telegram I sent him just before his return from Switzerland, and he further leaves it to be inferred that I failed to communicate with him on his return, and waited three or four weeks before doing so. All our memories are fallible, *but I think his is especially so in the present instance.*"—(Letter to the *Times*, December 5th, 1901.)

I conclude this part of my subject by reprinting from Dr. Alabone's "How the Cure of Consumption is Suppressed" the following letter from Dr. Alabone, which called forth Mr. Horder's inquiry above referred to:—

"From the *Times*, December 28th, 1901:—

"'To the Editor of the *Times*.

"'Sir,—As Sir William Broadbent, in his letter to the *Times* of November 29th *re* the "Alloa case" of phthisis, thought fit to *publicly throw suspicion on my "veracity and accuracy,"* and as such impugnment of character has, much to my annoyance, led many medical men and others, who are not personally acquainted with me, to doubt my *bona fides*, I felt it my duty to obtain definite and authentic details of the case, which are now in my possession.

"'I would, therefore, in justice to myself and the public, ask to be allowed to state *the facts*, which, as will be seen, are at *entire variance with Sir William Broadbent's elaborated assertions.* To make matters perfectly clear, I give side by side these assertions and their *complete refutation.* (The italics in the passages quoted from Sir William's letter are my own.)

Sir W. Broadbent states (see the *Times*, Nov. 29) :—

"In Colonel Trench's first letter he refers to a case at Alloa, and it may be interesting to the public to have a few particulars with respect to it which have *accidentally* come into my hands :—

"The patient, a girl of 14 years of age, *underfed and badly nourished*, was under treatment during the early spring of the present year in the Alloa Home for Destitute and Neglected Children."

"The girl was anxiously ill, and the medical attendant regarded the case as one of probable pulmonary tuberculosis, with correspondingly grave outlook, or it might have been a condition of acute broncho-pneumonia in a reduced subject, but the doctor's opinion favoured the diagnosis of tuberculosis. *The doctor had not, previous to his giving up the case, an opportunity of examining the expectoration for the tubercle bacillus*, nor was such examination made later by himself or any of his colleagues in the district. *After the doctor ceased attendance the patient was not examined throughout her illness by any Alloa doctor.*"

"In the beginning of April the doctor was asked if, having regard to the gravity of the condition, he would undertake the treatment of the case on the 'Alabone' system, which had been recommended by a lady interested in the girl, who was to bear all expenses. The doctor indicated that he could not sanction the treatment of the patient by means of unknown remedies. He explained the position of Mr. Alabone, and concluded by expressing the hope that the committee of the home would not adopt the irregular course of countenancing the use in a public institution of secret remedies. *He recommended the committee to treat the girl on open-air lines and full dietary.*"

"Notwithstanding the doctor's opinion, the committee resolved to go on with the Alabone cure. The doctor was asked to attend and examine the patient from time to time and supervise the treatment,

Report from Alloa states :—

"I saw the letter in the *Times*, and was amazed that whoever 'accidentally' supplied Sir W. Broadbent with information regarding the case here could stoop to such *falsehoods and misrepresentations.*

"The statement that she was ill-fed and uncared for was *absolutely false.* She was resident in the home for five years before she took ill, and was a *strong healthy* girl."

"Of course, it is *utterly false* that the doctor had no opportunity of examining the girl. The case was entirely in his hands, and *he had the same opportunity that any doctor ever has.*

"*Moreover, he asked that a sample of the expectoration should be sent to him, and this was done.*"

"*He never prescribed fresh air nor any kind of diet; in fact, he said she was too ill to be moved out of the home.*"

"*He pronounced the case to be one of 'acute phthisis,'* and, as you know, said she *might* live two months, possibly only one *(this diagnosis was confirmed by two physicians, who stated that a huge*

Mr. Alabone supplying the remedies. This the doctor declined to do, explaining that it would amount to 'covering' an unqualified practitioner. In this view he was backed by all his medical colleagues in the district.

"The patient accordingly passed from the surveillance of the doctor. Thereafter she seems to have been treated on open-air lines, resting all day in an open garden, and her dietary consisted of raw meat, underdone steak, chops, &c., milk, eggs, milk puddings, chocolate, and stewed fruit. In addition, certain drugs, presumably supplied by Mr. Alabone, were administered. They included an inhalation and a mixture reported to resemble chemical food.

"In July and August she resided, under charge of the matron, at a considerable elevation among the Ochil Hills, where open-air lines were pursued more rigorously. On returning to Alloa in September, and since then, the same kind of treatment has been continued.

"At present the patient is reported to look in good condition, having gained *circa* 2 st. in weight. It seems improbable that any reliable record of her physical condition has been made since the doctor ceased to attend in April.

"*Returning to the question of diagnosis, the doctor cannot say with absolute certainty that the condition was one of pulmonary tuberculosis.* His recollected impression is that it was so. But he thinks it might have been one of broncho-pneumonia in a feeble, badly nourished child. Admitting it to have been pulmonary tuberculosis, *the doctor thinks the recovery fairly attributable to the open-air lines and the extremely liberal diet.* This story illustrates two points—first, that the recovery, *attributed* to certain drugs and inhalants, was, to *cavity existed in one lung, and both lungs much diseased, and, humanly speaking, she could not live).*

"She was not able to get any fresh-air treatment for several weeks after using the inhaler (Dr. Alabone's), but as after a few days she began to improve, in a few weeks she was able to be carried out, in accordance with *your* instructions. The diet table was taken *from your book*, and she had no treatment of any kind except what you ordered.

"Dr. F——'s conduct has been contemptible in the extreme, and one wonders if he ever realises that, although he may mislead the medical faculty and the public, and *prevent good from being done*, he must one day face God about it, and the truth alone will stand in that day.

"I understand the letter in the *Times* was to be answered by the committee; probably they have not been able to call a meeting yet.

"If Dr. F—— did not give the girl up, *why did he tell the matron that she was dying, and that he would not give a certificate of death*, but that it would be a case for the fiscal? also, when he received a letter from the committee stating that *as* he said there was *no hope*, and that *nothing more could be done*, they intended trying the Alabone treatment, why did he not reply that he did not consider the case hopeless? He has not a leg to stand on, and it is a great pity he cannot be brought to book."

say the least, made possible by special feeding and open air; secondly, that this poor girl apparently would not have got this special feeding and open-air treatment, *already recommended by the doctor*, but for the interest of certain charitable people in a particular form of treatment by drugs."

"'Such, sir, are the *facts of the Alloa case*. I think your readers will agree with me that it is a very strong case for the General Medical Council to consider and deal with.

"'It would be most interesting to know *how* and *from whom* Sir W. Broadbent "*accidentally*" obtained such a collection of misrepresentations.

"'Were this an isolated case I would not venture to trespass on your valuable space, but it is only a fair sample of the manner in which cases I have successfully treated have been *falsely represented*, and how the treatment *has*, as Colonel Le Poer Trench states, been "*suppressed.*"

"'I think the thanks of all open-minded individuals are due to you, sir, for giving publicity to such facts; and that it may ultimately lead to the erection of institutions where my treatment may be extended to those who are at present unable to obtain it, is the earnest wish of

"'Your obedient Servant,

"'EDWIN W. ALABONE,
M.D.Phil., D.Sc., ex-M.R.C.S. Eng.

"'Lynton House, Highbury Quadrant, N.,
December 21.

"'P.S.—Since writing the above I have received a letter from Alloa, stating that "*the physician who saw the case after Dr. F—— gave it up* has sent away a sample of the expectoration to have it thoroughly examined. The report has come, to the effect *that there is not now a trace of disease, so the cure is complete.*"'"

This correspondence (as here quoted from Dr. Alabone's book, "How the Cure of Consumption is Suppressed")

may conclude with the following letter in the *Times* of January 23rd, 1902, from the honorary secretary to the Alloa Home :—

"The correspondence on this subject has already made a very serious demand upon your space, and my committee are unwilling to trespass further on your indulgence ; nor would they do so, were it not that a statement in the letter of Sir William Broadbent, which appeared in your issue of November 29th last, and which remains officially unchallenged, seems in the eyes of many of the friends of the institution to demand a reply. The statement referred to is contained in his narrative of the particulars which had *accidentally* (?) come into his hands with reference to what has come to be known in this correspondence as the *Alloa case*. Now, sir, the Alloa Day Home is a purely local institution, supported partly by the revenue derived from a comparatively small endowment, and principally by the voluntary offerings of the public, while its management is in the hands of a popularly elected committee, consisting of ladies and gentlemen who, I am quite certain, possess the entire confidence of the community. The committee could, therefore, afford to treat in silence the reflection upon their management, coming even through such an influential channel, but for the fact that the interest in this case has become very widespread, and that inquiries in regard thereto have been received from all parts of the country. *Sir William Broadbent states* that, according to his information, the girl had been '*underfed and badly nourished*,' and again, that she was '*a feeble and badly nourished child.*' Now, sir, that is *not only opposed to the facts*, but is in the nature of a *gross libel upon the management of the institution.* Before her illness the girl had been about five years an inmate of the Home, was *well cared for*, and apparently enjoyed *perfect health.* In many other essential particulars the information supplied to Sir William Broadbent *is at variance with the*

facts, but the committee think it unnecessary to go into the matter in detail. I am, however, directed to state that the report of the case, as given in my letter published on October 16th, *is correct in every particular*, and the committee have only, *in justice to Mr. Alabone's treatment*, to add (1) that the improvement in the girl's condition was well marked *before* the fresh air remedy could *possibly be applied*, and her state of health was such that *some considerable time elapsed* before she could take full advantage of the generous diet prescribed, and (2) that this improvement has *not only been maintained*, but that an examination of the expectoration now reveals *no trace of tubercular disease.*

"I am directed to apologise for having again to trouble you, and to state that, so far as the committee are concerned, this must be the last word, unless through the medium of private correspondence.

"I am, yours truly,

"James Cuthbert,

"*Hon. Sec., Alloa Day Home.*"

CHAPTER XXI.

Query: The Sacrifice of our Traditions?

Sir Frederick Treves and the Rectorial Address at Aberdeen.

In a single issue of the *Daily Mirror* a year or so ago there were three items referring to the profession of Medicine, the collation of which is not devoid of interest:—

(a) Surgeons of heroic mould.

Sir Frederick Treves says they are ready to lay down their Lives for Utter Strangers.

Heroic men are more commonly to be found among surgeons than in any other calling, Sir Frederick Treves is disposed to believe.

The eminent surgeon gave his reason for this belief in delivering his Rectorial Address to the students of Aberdeen University yesterday. Many men, he said, lay down their lives for friends, but not, like surgeons, for strangers outside the gates.

Medical science, he went on to show, is full of romance. Few detective stories could surpass in interest the true tale of the tracking of the miscreant Malaria after years of astute watchfulness. Now the ghost of this vampire of the marsh is laid.

(b) Do surgeons operate too much?

Will you allow me to utter a protest, not against legitimate operations, but against those that are unnecessary or useless? Take the popular and fashionable appendicitis

as an example of the first class. There are cases, of course, in which surgical interference is absolutely necessary; there are others in which this is not so. But now, as soon as appendicitis is diagnosed, the public are superstitiously ready to accept operation.

Then there is another unnecessary class of operations, *e.g.*, extensive cancer of the liver or stomach, where the diagnosis is clear. Here the amateur fortifies himself with his teacher's oft-repeated assertion that "a laparotomy can do no harm."

What I wish to emphasise is that the art of surgery is a fine one; so, too, is the art of diagnosis. Let them be sure that their medical attendant is one of sound judgment and scrupulous conscience, and that, if he is to operate, he knows his business.

SURGEON FOR TWENTY YEARS.

Kensington.

(c) "Doctors' certificates are very unreliable, and I shall not place any dependence upon them for the future."—Judge Owen, at the Monmouth County Court.

How does the "heroism" of the surgeon differ from that of any and every humble Tommy who goes into action? Mr. Edmund Owen, in his recent Bradshaw Lecture, spoke of the gravest operations on cancer as a readiness "to lead a forlorn hope"; but it has always appeared to me that in such cases it is the patient who is truly "heroic," and not the surgeon. I admit that never had I felt my profession so truly humiliated as when I read the above account of the Rectorial Address at the University of Aberdeen. And I submit to my professional readers the suggestion that they may do worse than inquire whether there is not something more than a mere coincidence in the association of the three extracts above quoted in a single number of a halfpenny

journal. I feel constrained to ask their candid attention to the question, whether in worshipping the fetish of vivisection, throned in "the sacred stronghold of research," we have not been sacrificing those principles, not only of humanity and self-sacrifice—or, as Sir Frederick Treves might say, "heroism"—but of honour, honesty and truth, principles which in the past have been the talismanic possession of the humblest professor of the healing art—and at the same time have been setting back the hour of human progress?

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

THE GREAT GULF: ITS CONSEQUENCES TO THE PROFESSION.

THE GREAT GULF: ITS CONSEQUENCES TO THE PROFESSION.

CHAPTER XXII.

A BAR TO MERITED PROMOTION.

How successful the Royal College of Physicians has been in the creation of a gulf between the medical masses—that is to say, the general practitioners—and the medical classes, or governing hierarchy, may be judged from the following incidents, for the truth of which the writer vouches.

An ambitious student, acknowledged to have been one of the most successful students of his day at his hospital, after having taken the M.D. at the University of London, put up a plate on his mother's house in a London suburb. Practice came to him. In order to get some hospital work he took the Membership of the Royal College of Physicians, and was appointed Physician at a Consumption Hospital and at one of the smaller general hospitals, where, curiously enough, there was no department for the diseases peculiar to women, which, by a kind of natural affinity, came to this man.

In order to comply with professional sentiment, he resigned the Consumption Hospital, where he was by this time second on the staff, and the charge of the throat cases at the general hospital, the care of which he had had up to that time, and devoted himself to the diseases of women, supporting himself in the meanwhile from the family practice he was doing.

As there were no beds at his disposal, he often had to pay at a private home for the patients on whom operations were necessary.

Under these circumstances he applied for one of the more valuable hospital appointments which was advertised. He was told that he could not be appointed, as "a gynæcologist should attend, not only none but women, but none but women suffering from diseases special to women."

The late Sir William Mac Cormac, who had interested himself in this candidate's election, received from a member of the hospital staff the following statement in explanation of the candidate's rejection :—"I am very sorry you could not have stayed last Monday and heard the decision of the Committee respecting Dr. ———'s candidature. It was agreed on all sides he was a very good man, but my colleagues did not care to have a man who was still apparently in general practice."

Sir William Mac Cormac handed this letter to the rejected candidate with the remark, "It may be useful to you some day."

Rebuffed in this fashion, so keen was this man on his work, that he went to his own old hospital, offered to give up general practice and act as Tutor, his previous experience as Resident Accoucheur having amply demonstrated the necessity for such an office. No ! the sacrifice would be too great ! The chief was kind enough to say that the success of the applicant in abdominal sections had considerably exceeded his own, and he thought the disappointment of a subservient position would be too great. He seemed quite unable to grasp the position that the proposed sacrifice was the best guarantee for the efficiency of the work.

That the need for an Obstetric Tutor was a very real one will be gathered from the following facts :—

In his student days at the hospital in question there was no practical instruction in obstetrics. The Senior

Obstetric Physician gave lectures on obstetrics, the attendance at which by the students was certified by the Librarian, although no steps were taken to ascertain how far students had profited by the possibilities of instruction afforded.

"Signed up" as having attended these lectures, the student was free to apply for the post of Obstetric Clerk, which entailed a fortnight's residence in the hospital, during which time he attended the out-patients who had obtained maternity cards entitling them to such attendance within a certain radius of the hospital.

If these obstetric clerks met with difficulties in their work, they sent for the assistance of the Resident Accoucheur, a senior student already qualified to practise his profession, and in very rare emergencies it was the duty of the latter to send for the Assistant Obstetric Physician, who had, however, no part whatever in teaching practical obstetrics.

The following personal incidents in the present writer's experience may prove of interest :—

On going into the hospital on one occasion in my early student days, I was met on the steps by the Resident Accoucheur, who begged me to go and visit a poor woman who had been recently attended in her confinement by an obstetric clerk who had failed to visit her subsequently. I explained my absolute ignorance of the subject, but as the Resident Accoucheur was very much put to, I learnt from him a series of questions to ask, and, repeating them by heart, went to see my first patient.

Most people know of the misadventure of the Irishman in Frederick the Great's Regiment of Guards, who learnt by rote the answer in German to the King's three questions :— "How old are you? How long have you been in my service? Are you satisfied with your pay and rations?" An

alteration in the usual sequence of questions resulted in misunderstanding :—

King : " How long have you been in my service ? "

Recruit : " Twenty-one years, sire."

King : " Good heavens ! how old are you ? "

Recruit : " Three months, sire."

King : " Either you are mad or I am ! "

Recruit : " Both, sire."

My difficulties were somewhat similar.

I got along very well until I happened to ask—this was but the third day—if she had *plenty of milk.* Warned by the look of astonishment, not to say consternation, on the face of the patient and her Mrs. Gamp, I covered my retreat in the best order I could, and was very much gratified afterwards at hearing that the poor woman thought she had never had a gentleman of such large experience to see her before. I am afraid, however, it may have been spoken " sarcastic-like."

But there were elements of tragedy as well as of comedy under such circumstances. The obstetric clerks came on to their duties without any guarantee of knowledge and often very ignorant. The Resident Accoucheur might do his best to meet the deficiency, but as twenty-four hours constituted the maximum working day, this was not always possible.

When Resident Accoucheur, early one morning I received a note from one of the obstetric clerks asking me to go " *after breakfast* " to see one of his patients. To my everlasting thankfulness I went at once in the chill grey of that winter morning.

Admitted to the patient's room, I found my assistant sitting at the foot of the bed which occupied nearly the whole space. The head of the bed lay up against the window, and the blind being down, the room was almost in darkness, the single " dip " which was still burning intensifying rather than relieving the gloom of the twilight.

Addressing the patient, I asked her to turn on to her back. There was no response. Having learnt her name I repeated my request, "Please turn on to your back, Mrs. Blank." Still no movement. "She never will do what she is told," said he. I looked at her more closely; felt her pulse. She was dead! Dead from concealed hæmorrhage!

Now this particular obstetric clerk was one of the kindest men imaginable. The catastrophe was the result of the system, not the fault of the individual. On one occasion I was asked to send an assistant to a barge, where it was thought a poor woman was expecting her confinement. This same man went. With some risk he traversed an ice-covered plank to reach the barge, in the small cabin of which he found his patient sitting at the little stove. She had confined herself, had done what was necessary for the child, and was now making herself some gruel. My friend put her into her bunk, cooked her gruel, saw to her having it, and then washed and dressed the baby. No want of humanity in such a man as that!

But to return to the subject of more immediate interest.

Unable to persuade the Obstetric Physician to take him on as Tutor, the applicant to whom the writer is referring went to an influential surgeon at the same hospital, and was told by him with perfect candour that the hospital *could not afford* to take on to the staff one who had been in general practice—that in going into general practice he had "taken hold of the wrong end of the whip."

To make it quite clear that I have not overstepped the limits of truth with regard to the qualifications of the candidate referred to, I make the following extracts from a copy of a testimonial given to him by the Senior Physician to the hospital:—"He is a man of unusual ability and intellectual activity; he was for some years a highly distinguished pupil, indeed, the most distinguished pupil of his period, at —— Hospital, where, besides obtaining prizes, he

filled most of the posts open to advanced students. At the University of London his career was most distinguished. At the earlier examination for M.B. he was *facile princeps*. At the final examination he also took high honours, and those who know him best believe that he would also have taken the highest place, but that unfortunately he had been incapacitated by ill-health for some months prior to the examination. He is a man of high attainments and of high promise, and certain to do credit to any institution with which he becomes associated."

CHAPTER XXIII.

THE ABUSE OF HOSPITAL CHARITY.

The able writer of the anonymous pamphlet already quoted, "Amongst the Gods: an 'Economic' Question," has dealt with this subject, and shown it to be directly associated with the "hospital tradition" above referred to. Continuing the narration of the real or imaginary conversation which he had had with the "Mortal" in company with whom he had left the meeting summoned to discuss indiscriminate medical relief, "*without any amendment being permitted*," this "God" —who almost felt that he ought not to be a "god"— further quoted his friendly "Mortal" as follows:—"Every extern department of the larger hospitals robs us of our legitimate source of income: their beds are given to 'interesting cases,' a large number of which have no right to occupy them—people who could well afford to pay proportionate fees to outside practitioners."

Obviously this must be the case. How otherwise could surgeons compete in "the race for statistics"? They must have the material on which to operate, and to obtain that material, cases must be admitted to the hospitals who would otherwise be under the legitimate care of the practitioner at home—in the majority of cases, probably, very much to the ultimate advantage of the patient. How the Bye-laws of the Royal College of Physicians lead to the abuse of medical charity on the purely medical side may be conveniently discussed when considering the effect of "the great gulf" from the patient's point of view.

Quoting once again from the talented anonymous author just mentioned, after abruptly asking whether the "God"

condoned "poaching," the "Mortal" went on to say: "You know that we doctors are supposed to be a class above tradespeople, and yet I fear we are very far beneath them in one matter—*i.e.*, in 'poaching.' They do not filch from each other's preserves. We have a grievance against you 'gods.' You are not satisfied often with filching from us our good name—which is worse than robbing us of our purses, for it takes from us our reputation, our dearest possession,—but you encroach even on our sparse preserves and allure from us our patients." And, in spite of the indignation of the "God," the "Mortal" maintained his ground, and replied: "Well, if ignorance be bliss, I do not wish to enlighten you by details; but ask some other 'mortals' if they do not find through hospitals, their private wards and otherwise, their cases straying into the hands of some of you 'gods' for fees which you ought to be ashamed to accept."

The above statement proves to me that the following experience is by no means unique as an illustration of the grave abuse of medical charity occasioned by the present constitution of the profession.

I was attending a young lady of independent income—that is to say, of an income sufficiently large to keep her from the necessity of earning anything herself, or of having any real object in life. This fact I regarded as the chief cause of her ill-health, and I advised her to undergo a preliminary rest-cure for the purpose of improving her nutrition, with the avowed determination on her part of subsequently taking up some specific duties of one kind or another, and particularly of earning something, as her income from investments was, it is said, not enough to allow the discharge of all reasonable obligations. This patient had been attended by a nurse (introduced originally by myself) who had been trained at a certain hospital, and thus the name of a certain member of its staff had, in all good faith, been, to my knowledge, introduced to this patient's notice. I thought it best, under the circum-

stances, to suggest that she should hear the opinion of this man before deciding on any course, and I took her to him.

He promptly suggested taking her into the hospital for a certain course of treatment—one which certainly I venture to think myself quite as capable of carrying out as he was himself. To my protest that she was not a "hospital case," he replied that she could go, if she wished, into the "home," when the expenses would be "plus one's own fees."

I have never seen the patient since. Whether she continues under the care of this man I know not. I have been told on the authority of mutual friends that she would like to come back to me, but is too ashamed to do so.

I understand that the patient was *in the hospital*, and greatly objected to what she regarded as the servile duties of waiting on the patients more ill than herself—a discipline which probably was of real service to her. The hospital to which I have referred is one whose pressing claims for funds may be seen on opening almost any paper at a venture, and the above is an illustration of the way in which some, at least, of those funds are expended.

A curious sequel to the foregoing incident has recently been brought to my knowledge. A patient in the country, on reading my book on "Fibroid Tumour," was very anxious to consult me. Her doctor refused to read the book, and insisted that the patient should consult the specialist here referred to. To him the patient again stated—so, at least, she says—that it was myself whom she had wished to consult; hereupon the said specialist is reported to have replied:—"Dr. John Shaw sends his cases to me."

I have already explained the significance of the letters "G.P." The reader must not think that they stand either for "goose" or "parasite." But one may be excused admiring the effective manner in which some general practitioners ring the bell for their priestly superiors, faithful acolytes to a masterful hierarchy.

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

THE GREAT GULF: ITS CONSEQUENCES TO THE PUBLIC.

THE GREAT GULF: ITS CONSEQUENCES TO THE PUBLIC.

CHAPTER XXIV.

(i) The Drug Habit.

Dealing, in the first place, with the College Regulations respecting prescribing and dispensing—how do these affect the public? Take an illustration. A patient complaining of pain or sleeplessness consults the busy physician, who finds it a good deal easier to prescribe an anodyne or soporific than to make a laborious investigation into the causes of the ill-health. For this anodyne or soporific the Fellow or Member of the Royal College of Physicians must give a prescription, which becomes the property of the patient, and is by him too often used, and abused, in season and out of season, until the unhappy victim of the College by-law reaches the drug-maniac's grave. This is no fancy picture, but one based on facts.

The writer very well remembers being introduced to a young lady of very striking personality, combining great beauty of face with grace of movement and charm of manner. A few days later he was asked to see her professionally, and to his intense surprise received a hint as to the direction which his investigations should take. It was an old, old story: what it lacked in novelty was more than made up for in pathos. Periodically recurring pain had been treated, not by removing the cause, but by anodynes, until the patient had become a complete victim of the drug habit, and chlorodyne a necessity of her daily life.

She was fully alive to the gravity of the position, and no drowning man could grasp at the rope thrown out to him with more eagerness than this beautiful girl welcomed the writer's interest in her. For a few days all went well. Then it was quite clear that she had relapsed. But, how she denied it! First of all, more in sorrow than in anger, she regretted that the doctor should make such a mistake. Then to his gentle persistence she presented the dignified front of outraged virtue—"Did he mean to tell a lady that she lied?" Next day the same tale was repeated, with the modification that she acknowledged that "*yesterday* the doctor had been right, *but not to-day.*"

It was a weary time. But at last the patient apparently recovered, and her betrothed husband, with a full knowledge of the circumstances, desired to fulfil his engagement to marry her: and they were married.

For a few years all went well, or appeared to do so. One child was born. Their fortunes prospered. Then came the change. Whilst taking a holiday in the South of France, the writer received a very piteous account of relapse. The patient wanted him to take her into a home *immediately*—he "was the only man who had ever told her the truth." Unfortunately, it was not possible to return at once, and the writer saw no more of his former patient. The after-history may be summed up in two words—both husband and wife died in beggary, broken-hearted.

That this is no exceptional case, statistics indicate. Comparing the imports of opium in the four years 1873 to 1876 with the imports in the four years 1898 to 1901, after making the allowance of 25·3 per cent. for the increased population, such imports are found to have grown for each head of the population 12·6 per cent.; and this amount has since still further increased. In the year 1873 the amount of opium imported was 400,469 lbs.; in the year 1902 it had reached 965,619 lbs.

Nor is this the most important item. From the last "Statistical Abstract for the United Kingdom" it may be calculated that the value of "unenumerated drugs" imported in the four years 1889 to 1892 was returned as £3,323,293; whilst for the four years 1899 to 1902 the value returned had increased to £4,268,974. Allowing 8·8 per cent. for the increased population, there remains an actual increase in a single decade for each head of the population of 18·06 per cent. In view of one's daily experience, as well as of the fact that the imports of Peruvian bark (quinine) have shown a corresponding decrease, one cannot but conclude that the bulk of this vast national outlay on "unenumerated drugs" is expended on the coal-tar products, antipyrin, antifebrin, phenacetin, sulphonal, etc., etc., which we owe to the genius of the German chemist. That all these products tend to the development of a drug-habit is generally recognised; that they lead to various forms of early degeneration—whether general physical degeneration, or brain degeneration such as lunacy, or tissue degeneration such as kidney disease and cancer—is, in the writer's judgment, not less certain.

Pain, as has long been recognised, is not an unmitigated evil, but is in many cases Nature's danger signal indicating a departure from health which should be rectified. To soothe the pain, without removing the cause, is no wiser than it would be for an engine-driver to wear green spectacles, which would enable him to see the green signals "Go ahead," but would black out the red danger signals, and leave him unwarned to rush on to his doom.

CHAPTER XXV.

(ii) Criminal Abortion.

And there is yet another grave abuse for which these by-laws of the College are in a measure primarily responsible. A patient comes to a physician complaining of suppression of menses, which she succeeds in persuading him is not due to natural causes. He prescribes some combination of certain "noxious drugs"!—perhaps for convenience sake in the form of a tabloid or similar mode of exhibition—and this the patient not only takes herself whenever there is delay in the return of her periods, but hands round to her friends. Is this an imaginary picture? No one of experience would deny its absolute truth and wide applicability.

The nation is to-day faced with one of the most serious problems that can affect any people—the falling of the birth-rate. It is a problem of vital importance, and year by year will increase in significance. How far is this evil the direct consequence of the medical oligarchy putting a premium on immorality? If the very fountain-head of medical knowledge is poisoned, what must be the influence on the homes of Great Britain in the person of the family doctor, whose advice is so often asked on this very subject?

Clear teaching on sexual questions is primarily the duty of the medical profession. The facts are simple. The penalty exacted by Nature for disregard of her laws varies with the importance of that law in its general economy. Sexual law, on which the perpetuation of the race is dependent, is the paramount law of Nature. Nature cannot be cheated, because her laws are automatic.

The late Sir Andrew Clark told the writer that he was positively able to pick out, in any drawing-room into which he entered, every woman whose life was not lived according to law, outraged Nature branding even the fairest face with a distinctive sign.

Few possess the acuteness of perception claimed by Sir Andrew, and it is sometimes only after the failure of other treatment that the true significance of some of the severest cases of neurasthenia or nerve breakdown is ascertained.

That the luxury of the present day, of which the shirking of parental responsibility is but one evidence, is largely responsible for the increase of cancer, in the writer's judgment, admits of no possible doubt. And it is scarcely less certain that the artificiality which too often attends the relation of the sexes is through nervous agency another direct exciting cause of that degeneration which is the essential predisposing cause of cancer.

It is in the upper and moneyed middle classes—the classes in which selfishness is the root and branch of the whole matter—that the influence of the medical oligarchy makes itself chiefly felt. Each reader must judge for himself whether that influence is one for good or for evil.

If I am right in suggesting that the medical oligarchy is in a very distinct measure responsible for this state of affairs, then it is very certain that it is the rank and file of the profession who have to bear the brunt of its consequences. The medical practitioner has but two babies now to attend into the world, where twenty-one years ago he had three. Be it remembered, also, that these figures do not represent the whole truth, seeing that it is not in the poor districts that this falling-off is to be found, but in the rich ones. The rule holds good that the richer the neighbourhood, the lower the birth-rate ; the poorer the people, the more prolific.

CHAPTER XXVI.

(iii) The Traffic in Patent Medicines.

There is no subject, apparently, which excites the choler of medical journalists more than the profits made by the patent medicine vendors, and yet their success is in the first place dependent on these Regulations of the Royal College of Physicians.

Recently one read of a business man who approached a doctor and offered him one hundred guineas for the prescription of a pill of general utility : hereupon he built up a business now worth fifty thousand pounds. Such generosity seems to me to deserve success ! One of my patients also started a patent pill at the time I was in general practice. He has long given up his ordinary business ; I have not. He took up the standpoint that what did him good was likely to do others good. His symptoms were the same or similar to those of a good many of his fellows ; consequently he counted on the pill being of use to the many.

This, I imagine, is the way that patent pills and other nostrums are started—not by such lordly payments as one hundred guineas. A man suffers from some common ailment, gets a prescription for it, recognises its wider utility, and applies his commercial instincts to developing a business. The public recognise the symptoms as their own, which, like Mr. Jerome, they have no hesitation in doing—always excepting "housemaid's knee"—and, therefore, with due advertisement the business buzzes.

The prescription, on which this great business was founded, may have cost its proud possessor half a guinea,

a guinea, or even two guineas, but there the matter ends. For its originator it may represent years of patient observation, labour and study. But so determined appears the Royal College of Physicians that he shall obtain nothing in the nature of a royalty from the extended application of the benefits arising from his labours, that it has a special by-law to deal with the subject.

The very reasonable consequence of this obligation on the part of the physician to part with his prescription is that he charges not less than one guinea a visit. For the Fellows of the College there is, or was, a regulation binding them to this fee as a minimum, an obligation which—if so minded—they find no difficulty in evading, by seeing the patient alternate times—always *sub rosa*, be it understood—without a fee.

From the doctor's point of view, to spend half an hour or upwards in the examination of a patient, and then to give him a prescription, which may serve him for years, and be handed round to a large circle of friends and acquaintances, including the doctor's own patients, a fee of even two guineas is obviously very little—inadequate, indeed, because there are not enough patients to go round. But from the patient's point of view, one can well understand that with the facilities afforded for receiving medical attendance and medicine gratuitously at the hospitals, the amount may seem exorbitantly large.

And in the case of those specialists who need to see their patients daily, perhaps for many weeks on end, one can understand that the financial strain becomes very severe on people with small incomes, and that they are in this way more or less obliged to go to the hospitals, although they would gladly have avoided doing so if some kind of arrangement had been possible.

These by-laws and regulations of the Royal College of Physicians seem to me, therefore, to work out thus :—The

middle-class patient goes to the physician—very often solely for the sake of economy—in order to get a prescription. This prescription may in many ways be a great misfortune to him. Quite apart from the special evils to which I have already drawn attention, the possession of it may result in the loss of valuable time in the treatment of an attack of illness for which it has ceased to be of value, or even become a positive harm.

Instead of finding the specialist as economical as he had hoped, the patient finds that, with the multiplication of visits, he must study economy still further by attending the specialist at the hospital. In this way the patient is lost to the general practitioner, is lost to the specialist, and, as the recipient of charity, is lost to himself.

Or, preferring to retain his self-respect, he either continues his prescription to his injury, or doses himself with quack remedies, the reputed virtues of which he judges to be applicable to his own symptoms, real or imaginary.

CHAPTER XXVII.

(iv) Specialism and its Abuses.

The questions raised in the preceding pages may appear to some as merely of academic interest, but as a matter of fact they concern every citizen as certainly as does the income-tax or a tax on tea. The writer will try to sketch some of the circumstances as they have come within his personal experience.

A false standard of specialism is a grave injustice to the community. Take, for example, the statement that the man specially interested in diseases of women should treat none but women, and of these only such as are suffering from diseases peculiar to women, and where does it land us? A woman comes suffering from undue loss of blood at the monthly periods: is she to be dealt with as one requiring local treatment—perhaps hysterectomy—when her symptoms would disappear with a little attention to her liver, heart or bowels? The writer once had a patient who assured him that, previously to seeing him, she had been put under chloroform more than twenty times, had been kept in bed for three months and examined every other day. And this was a neurotic young lady. Is it to be wondered at, that whilst under such treatment she remained neurotic?

Or, again, a gynæcologist opens a woman's abdomen and finds that the tumour does not belong to his speciality. Is there not something wrong in the system which necessitates that woman being exposed to the risk of a second operation, in order that the one man should not encroach on the preserves of another? I have recently (November 15th, 1905)

received a letter (I presume a circular letter as to the inquiry) —"Are you allowed a free hand at the North-West London Hospital as regards abdominal operations, or are there restrictions?" Whether this indicates a movement with a view to abolishing this anomaly I do not know.

The distinctive limits of surgery have become less sharply defined since treatment in gynæcology and throat diseases became so largely operative in character. The old definition was this—"If the patient has a guinea in his pocket, the case is one for the surgeon; if he has not, his ailment is medical."

The public inconvenience of this endeavour to make an artificial distinction between surgery and medicine in the conduct of a speciality was brought home to the medical world in the case of the late Emperor Frederick the Noble, who had been placed under the care of the late Sir Morell Mackenzie, whose reputation was probably world-wide, but was operated on in January, 1888, by Mr. Mark Hovell, whose experience at that time can scarcely have been a tithe of what it is at present.

Nature has made every part of the body, to a greater or less degree, dependent on every other part. Notoriously, eye disease is often associated with, and arises out of, disorder of the internal organs special to women. Where would one look for clear teaching in English medical literature on this important matter? The writer may have overlooked it—he had to turn to German sources for information, in confirmation and extension of his own experience.

A greatly esteemed colleague recently informed me of the case of a patient who was under an oculist for many weeks on account of a small hæmorrhage into the retina—a condition which is virtually beyond the aid of local treatment, although it is indicative of serious possibilities in relation to the general health. As a matter of fact, it turns out that the patient was suffering from aneurism, and his condition was such that he

might have dropped down dead on any of the occasions when he was visiting the oculist to have the retinal hæmorrhage looked at.

As my friend told me of this incident, an experience of my own, many years ago, came very freshly to mind. A lady called me in to see her, and commenced the interview somewhat as follows: "I have sent for you to see me, but I should like to make it quite clear from the outset that you are not to meddle with any of the specialities of my other doctors." She then reeled off the names of some half-dozen celebrities of that day as specialists for various organs of the body, and finished up by saying: "But the curious thing is, that none of them attend to my general health; and so I've sent for you."

The natural consequence of too early specialisation is that serious abuses are apt to arise; the specialist has to earn his living from the treatment of a very limited part of the human body.

ILLUSTRATIONS.

The writer was once shown a letter purporting to be signed by a well-known throat specialist, in which it was said that "two or three more goes [*sic*] will about do for that little polypus." The patient was suffering from complete nervous prostration, which the writer ascribed to the severe strain occasioned by the frequent operations, which he had undergone two or three times weekly during some months.

And yet the writer has known a patient, treated by one, not a throat and nose specialist, carry away with him the best part of a test-tube full of polypi as the result of a single sitting, and of these polypi certainly not more than one recurred during the years which elapsed before the patient returned after the completed treatment. Is the writer to suppose that there is a secret enjoyed by that "G.P." unknown to the specialist—or what is the alternative?

Not very long ago, Lord Rosebery, speaking of the advantages of wealth, said that the only real advantage afforded by wealth was the ability to have for one's self and those dear to one the best medical advice. But what is the best? It is certainly possible for a man's wealth to be his greatest misfortune.

A well-known doctor, now retired from active practice, told the writer the following incident:—A patient of his, thinking to get an independent opinion, went to a certain throat specialist on his own account. The specialist took a very serious view of the case. An operation was necessary. What would it cost the patient? He could not at first say, but when pressed, the sum of sixty guineas was named. The patient went back to his medical friend in great distress, and the doctor thereupon wrote to the specialist, asking what treatment he could carry out for the patient at home. The specialist answered—"Paint his throat twice a day with chloride of zinc, and *if he is not well in a fortnight let me see him again.*"

How well I remember, as a boy (although now it must be nearly forty years ago), going two and three times weekly to have my tonsils *prepared for excision*, never knowing what visit was to see the operation, which quite reasonably I considerably dreaded. To-day I can still feel the curious questioning in my mind, as I walked streets now even more familiar to me, what it would feel like to return without my tonsils. All this nervous strain I had to endure for months, until my mother, who was providing the fees from funds very hardly earned in a small business, could bear the strain no longer, and expressed her regret that she would be obliged to take me to the hospital. By a strange coincidence the tonsils were exactly ripe for excision, and, in consideration of the long time the necessary preparation had entailed, one-half the usual fee for the operation would be accepted. A few weeks afterwards, on a gentleman inquiring the fee for the operation,

I quoted, naturally enough, the higher figure, and, for thanks, was in a most unmistakable manner written down a liar.

My alleged pluckiness in the ordeal was, however, considered such as to make me worthy to enter the profession of the gentleman whose practice I am referring to. Now that I know a little more what's what, I should think myself a more honourable member of society as a *skilled jewel thief* than as such a member of an honourable profession. There is all the difference between a sportsman and a sneak.

Dr. Richard Lomer, of Hamburg, tells a tale against himself. That excellent physician had had under him a pregnant lady suffering from extreme salivation; prolonged and careful treatment, both medicinal and otherwise, had proved unavailing. The lady went to a quack, who told her in a loud voice that it was a disgusting habit, and that if she did not help herself, no one else could. The lady left his room in a rage—*but cured.*

What is Quackery?

Cases like these just quoted leave one in doubt as to what is quackery. And words come back to the writer's memory uttered by that great surgeon and earnest Christian man, the late Mr. Le Gros Clark, in an introductory lecture at St. Thomas' Hospital, more than a quarter of a century ago—"Estimate, gentlemen," he said, "your success, not by the amount of your income, but by the measure in which you win the confidence of your patients, and use that confidence to their advantage."

Quackery, therefore, as I was taught to understand it, is the conduct of one's profession on commercial lines, not so much for the benefit of the patient as for the profit of the practitioner—a definition which would not necessarily exclude Zebah and Zalmunna from holding the highest office in the school of quackery.

CHAPTER XXVIII.

(v) The "Furor Operativus."

The growing enthusiasm for operating is, in my judgment, the direct consequence of the action of the medical oligarchy. The effects of this extraordinary activity in the domain of gynæcology and obstetrics has already been dealt with in my essay on "Fibroid Tumour: a New Treatment for Fibroid Tumour and some other Diseases of Women without Operation," the work which brought me into conflict with the Royal College of Physicians. The main points in this essay are referred to in my correspondence with the Registrar of the College (pages 14–16). The only addition I will make is the comparatively recent incident of a provincial surgeon bringing before a London medical society the womb of a patient which he had removed on account of its being too low. What makes the incident worth recording is the astonishment he evinced that anything in the nature of criticism, other than congratulation, was possible, seeing that the young woman had recovered from the operation.

To gain some insight into this matter of general increase of operative activity, I consulted the surgical reports of the hospital to whose department for diseases of women I am already indebted for the arguments brought forward in my essay above referred to. The interval of a quarter of a century showed that, whilst the number of surgical beds had increased by one-quarter, the number of operations had increased more than sevenfold, and the proportion of deaths from operation per bed more than threefold.

Now it is, in the writer's judgment, unreasonable to suppose that any considerable proportion of patients who

absolutely needed operative assistance in 1876 were refused admission. To find, therefore, that the mortality from operation *per bed* has become fourfold, in spite of the admitted triumphs of antiseptic precautions, seems to the writer a strong presumption of a very serious position.

Appendicectomy.

Take, as an illustration, the fashionable operation of removing the appendix. At a recent meeting of the Medico-Chirurgical Society, in a discussion on "The Prospects and Vicissitudes of Appendicitis after Operation," Dr. Samuel West pointed out that at St. Bartholomew's Hospital "the returns for the ten years 1894 to 1903 showed, for the first half of that period, an average of 70 or 80 cases, but for the second half, 200 or more—in other words, three times as many." He went on to say—"The increase in appendicitis of recent years was only apparent, not real."

But, even should there be an increasing proportion of severe attacks, is it not possible that surgery is actually responsible for this increase?

A man has pain in the abdomen and constipation. He thinks that if he calls in a doctor it will mean an operation for appendicitis. So he struggles on and becomes worse. Speaking from a large experience as a general practitioner from 1882 to 1898, I never met with a single case that required operation. On the other hand, I have repeatedly since that time been consulted in such cases with a view to my undertaking an abdominal section; but on each occasion the patient recovered without operation.

Quite recently two of my patients had symptoms indicative of appendicitis, but the symptoms passed off without operation. Each of these ladies had a sister who was operated on for this disease, and in one case it was acknowledged that the appendix was healthy, as the symptoms persisted and another operation was undertaken on another organ.

I was recently present at an operation for removal of the appendix, where the only abnormality to be detected was the absence of an appendix. At the completion of the operation the surgeon said to me—"The last time I operated the appendix bobbed up into the wound like a cork." To my fairly obvious remark that there could not have been much amiss with that appendix, he answered oracularly: "Thickened."

Sir Frederick Treves himself, who did so much to popularise this operation, has found it necessary to raise a warning voice against its abuse. He is to be congratulated at having been able to retire from practice before the operation which brought him fame and fortune is recognised as exposed to the scandalous abuse which, in the writer's personal judgment, already marks its performance.

Appendicitis is undoubtedly a disease arising from wrong dieting, from an undue preponderance of animal foods, both fresh and salted. The causes of appendicitis are very much the same, indeed, as those which lead to other degenerative changes, including cancer itself, and is probably in no small measure further due to the largely increased consumption of "unenumerated drugs."

Amidst much that is obscure in regard to appendicitis there is one fact which is indisputable. Whether the incidence of the disease is increasing or not, whether the proportion of graver cases is greater to-day than formerly, or otherwise, this is certain—*mortality from the disease*, under the ægis of operative activity, is increasing by leaps and bounds. The year 1901 was the first in which there was any distinction made in the registered mortality from appendicitis and other affections of the bowels. In the four years during which such distinctive registration has been in vogue, that is to say, from 1901 to 1905, the registered mortality in England and Wales has increased from 1,244 to 1,946, an addition of more than 56 per cent.

Non-Surgical Treatment of Appendicitis.

In view of the almost universally accepted dictum that appendicitis is from the beginning a surgical disease, and that he time to operate is immediately, it is not without interest to read a communication from a clinician who takes the opposite standpoint, and is able to justify his position with statistics. Pfister, in the *Deutsche medizinische Wochenschrift*, deprecates early operation in the average case, and gives a *résumé* of seventy cases treated expectantly in the medical department of the University Hospital at Heidelberg during the past two years, in order to illustrate the safety of this plan. The seventy cases included thirty of slight severity, twenty-five of medium gravity, and fifteen serious cases. In this series all the patients were discharged free from symptoms, except one, who died after transfer to the surgical side, though, as there was delay in operating after the transfer had been made, this death cannot be charged to the medical treatment. Four other patients were transferred to the surgical service and operated on, but the remainder recovered under purely medical treatment. The author's position is that all cases of appendicitis that do not from the first create an impression of great severity should be treated with opium and the ice-bag, though, of course, if beginning peritonitis or perforation is suspected, immediate operation is required. Otherwise, surgery should be resorted to only if the condition is distinctly becoming aggravated, or if recovery is slow and there is delay in the absorption of the exudate or persistent pain: if attacks recur in the interval, operation is to be recommended.

GASTRO-ENTEROSTOMY.

This operation, which the Greek student will recognise as one the object of which is the production of an artificial communication, or mouth, between the stomach and the bowel,

was one of the operations specially selected to illustrate a most admirable address on "Self-Restraint in Surgery," by Mr. Basil Hall, at the opening meeting of the Bradford Division of the British Medical Association, of which he was the chairman.

"Another influence at work," said he, "and a most potent one, which leads to indiscriminate resort to operation, is that of fashion in operations. As an example, I cannot do better than mention the *furore* for gastro-enterostomy which we have recently witnessed. A physician said the other day that patients could now be divided into two classes—those who would allow you to do gastro-enterostomy upon them, and those who would not. No dyspeptic has been safe, and, had Carlyle lived in the twentieth century, it is probable that much of his best work would never have been written. No one can help being filled with admiration for modern surgery when he sees the results of this operation in a case of pyloric obstruction or inveterate gastric ulcer. There are few operations which have given greater relief to suffering; but we can add with all truthfulness that there are few which have been more grossly abused. A fierce contest has raged amongst surgeons, and for what? In order to be the first in the race for successful statistics—not successful in the sense that the operation was necessary and relief was given by its performance, but in the sense that the surgeon has done more cases with fewer deaths than anyone else in a given time. Consider the published statistics of the past four years. Is it reasonable to suppose that all these operations were really necessary? It must occur at once to you that the extremely low mortality suggests that they were not; for it must be remembered that, excellent though the operation be, it is one which is only justified when the indications for it are urgent and unmistakable. The ultimate results are not always what was expected, and behind all the brilliant successes which have been published is a small pathetic army of failures which have not

—failures which in many instances might have been avoided by a little self-restraint on the part of the surgeon. Let me give you an example of the evil done by what I have called 'the race for statistics,' which usually occurs when an operation becomes fashionable. Four cases of gastro-enterostomy come to my mind. One was a case of phthisis with troublesome vomiting, one a case of uræmic vomiting, a third a case of carcinoma of the colon, and a fourth a case of tabes with gastric crises. Can anyone doubt that such catastrophes are the result of hasty and indiscriminate resort to operation, occurring as they did in the practice of able and experienced surgeons?"

The whole profession, as well as the public, are under the deepest obligation to Mr. Hall for his manly, outspoken address, every line of which might be well set up in letters of gold. One must not forget, moreover, our obligations to the *British Medical Journal* for publishing such a paper (Nov. 17th, 1906). It was with the greatest interest I noted that before the publication of its next issue the Editor of the *Journal* was the guest of the evening at a dinner given by the Bradford Division, on which occasion he delivered a preliminary address on "Medical Journalism."

It is noteworthy that even amongst Mr. Hall's hearers there was some misunderstanding of his teaching. Although he expressed his belief that a distrust of the surgeon had grown up in the lay mind of late years, the gentleman who proposed a vote of thanks to the chairman *agreed* "that there was too great eagerness on the part of the *public* for operations. In this way the better judgment of the surgeon was sometimes overborne." Of this difference in the point of view the public might, with great advantage to themselves, duly make a note.

CHAPTER XXIX

(vi) The Loss of Confidence.

This present essay is written in the consciousness that there are few greater ills in life than to lose confidence in one's professional advisers. It is written as a choice of evils, because a still greater evil is that there should be grounds for that loss of faith. And not only are there such seeds sown in the public mind, but they are already bearing fruit. In the recent address on "Self-restraint in Surgery," by Mr. Basil Hall, M.C. Cantab., Honorary Surgeon, Bradford Royal Infirmary, which one heartily welcomed in the columns of the *British Medical Journal* (Nov. 17th, 1906, page 1354), the speaker said :—"That there is a real danger of such an occurrence" (the discredit of the profession in the eyes of the public) "is evident from the fact that a distrust of the surgeon has grown up of late years in the lay mind. It must be a common experience amongst you all to find patients asking for a preliminary opinion from what they are pleased to term a 'non-combatant.' They argue that the surgeon is sure to recommend an operation, and that he cannot be relied upon to give disinterested advice."

How real this difficulty is, I can speak of, not only from the experience of patients—and even of those in the families of medical men—but at first-hand from personal experience. For the last two or three years I have had to bear a constant and unnecessary anxiety with regard to one very dear to me, because I knew of none in whose judgment I could trust as equal to their experience. It is a *cruel* position, and one that must be faced. I claim that the present essay is a

necessary evil, for I most freely admit that it is an evil. But it has ever appeared to me right to face facts. I have heard a medical man affirm with great apparent satisfaction that a patient had died without ever having been aware that she was seriously ill. I am not suggesting that he was wrong, but I do not admit that he was right; nor do I propose to emulate him, either in literature or at the bedside.

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

OTHER MEN'S VIEWS.

OTHER MEN'S VIEWS.

CHAPTER XXX.

Confirmatory Evidence.

In addition to quotations which have already been cited in support of various items in my argument, it may be well to show that I do not stand alone in looking to the King Edward's Hospital Fund Bill as a means of removing some of the grievous ills that afflict the profession, and, in consequence, the public. The *Daily Mirror*, in its issue of Jan. 8th, 1907, published, under the heading "Opposition to Hospitals Bill," the following statement :—"Why the London Hospitals Bill is meeting with so much opposition was explained to the *Daily Mirror* yesterday by a West End physician who has held high hospital appointments, and the explanation may well cause the public uneasiness.

"'The proposal is to invest the funds in the President, who holds office at the pleasure of the King,' he said. 'The President would give or withhold grants just as he pleased.

"'The *British Medical Journal*, however, contends that the proposal "ignores the fact that the medical profession, whose members staff the hospitals, have an indisputable claim to share in the mode in which medical charity shall be administered."

"'In other words, the British Medical Association would not allow the public who subscribe the funds to have any control. They want all the control to be in the hands of those who don't subscribe, but who spend the money. On the face of it, this is ridiculous.

"'First of all, it is a delusion to suppose that the medical staffs of hospitals work for nothing. True, they are not salaried; but out of hospital appointments doctors obtain experience, wealth, honour, and even titles. They get what eventually is far more valuable than salaries, and, as a consequence, they trample over each other to obtain hospital appointments.

"'In no other department in which public money is spent do the servants of the public have supreme control. Why should they in the hospitals?

"'The inevitable result of the present system is that hospital appointments are in the hands of a corrupt clique, whose interest it is to keep good men out, and we see men of little experience and ability holding four or five hospital appointments.

"'All appointments to the hospitals should be in the hands of the King's Hospital Fund. It is the duty of every member of Parliament, in the interests of his own family and of the general public, to see that this Bill passes.

"'In London more than one person in every three receives hospital treatment; vast sums of money are given by all sorts of people, and yet the public has no voice in the matter.'"

It is difficult to see how, in a short statement, the accuracy of the contentions advanced in the previous pages could be more effectively supported.

At a recent meeting of the Marylebone Division of the Metropolitan Counties Branch of the British Medical Association, a speaker, in insisting that the whole *raison d'être* of the profession of medicine was not only the amelioration of the individual, but also of the community, went on to say :(*a*)—

(*a*) Supplement *Brit. Med. Jour.*, Dec. 15th, 1906.

"The present system of private fees made it" (the profession) "a parasitic class upon diseased persons and upon the diseased community. There was a conflict of interest between themselves and the diseased patients. It was all very well for the surgeon to call out every day, 'Give me this day my daily tumour.' It was quite natural for him to do so. He had his house in Harley Street, his motor car, his shooting-box and his sports. But it was not the medical aspect, but the purely commercial one, with which they were concerned here at all."

It was, I believe, at this meeting that the "god" and the "mortal" were present, when "the question of indiscriminate medical relief was discussed and a pious resolution, put from the chair, was carried (without any amendment being permitted)." That, at least, is the account with which one of the "gods" opens his discussion of the "economic" question which he treats with so much skill, humour, and pathos in his anonymous pamphlet, "Amongst the Gods," copies of which are obtainable from Messrs. J. and E. Bumpus, 350, Oxford Street, W. He appears to me to be no more in his right element "amongst the gods" than I was myself. I venture to make the following quotation even at the risk of some repetition :—

"By this time I almost began to wish that I were not a 'god.' I did not care to refer to the meeting again. This 'mortal' had sobered me.

"'Any way out of it,' I asked; 'is there no remedy?'

"He was filling his pipe at the time, and stopped to borrow a match of me to light it with. When he struck it, I saw by the flash that his face was grim and hard.

"'The public is not to blame,' he said: 'you "gods" have educated it to believe that we doctors of the poorer sort are of little account. Then there is a whole gulf fixed between the "physicians" and "specialists" and us "doctors." Gradually we have sunk in the social scale until at last we

are driven to prey on each other. Every extern department of the larger hospitals robs us of much of our legitimate source of income: their beds are given to "interesting cases," a large number of which have no rightful claims to occupy them—people who could well afford to pay proportionate fees to outside practitioners. Some millions are given to support hospitals, and much of this money is spent in decorating exteriors and costly administrative outlays.'"

It would be possible to fill pages with the cry—the almost despairing cry—for justice, which goes up from the rank and file of the profession of medicine, from the men who are the salt that has not lost its savour, who alone save the profession from becoming a putrescent sink of corruption.

With apologies to the anonymous—and to me unknown—writer of "Amongst the Gods," I venture further to quote his concluding words:—"I came home, and that night I dreamt of a practitioner friend of mine who was ekeing out an existence with a tuberculous lung, and still at his post—his wife and children ignorant of the sword which might any time fall and leave them helpless and penniless. Then I fancied I was Sisyphus, and rolling up a huge stone, on which, in large letters, was written the word—

'Economics.'

"Then the stone changed into the form of an octopus. The body took the shape of a coin. On each great arm I read the words 'Sacra Auri Fames.'

"The huge tentacles were twined around me. They held me fast, and I was sucked down—down—down into the depths.

. . . . .

And I awoke—to find myself

A 'God.'"

The *Daily Express* of January 12th, 1906, brought to notice further evidence of the awakening of the conscience

of the profession. Under the heading, "Surgeons' Powers of Life and Death : Doctor's Attack on the Profession," this newspaper drew attention to an article by Dr. A. J. Rigby, Consulting Physician to the Preston and County of Lancaster Victoria Royal Infirmary, in the *Independent Review*. Dr. Rigby's suggestion, it appears, is "that each individual case operated on—at any rate, where a fatal termination ensues—should be brought under the notice and investigation of an authorised court of inquiry—either a new court to be established for this purpose, or some modification of the present coroner's court."

How completely I am in sympathy with Dr. Rigby may be judged by the following extract from my work on "Fibroid Tumour":—"These operations will not be done away with until the State provides that the statistics of the Registrar-General shall distinguish between the mortality of operations and that of the disease for which the operations were undertaken, and shall further require the surgical history in respect of accident and operation for the seven years immediately preceding death, in the case of every patient certified as having died from cancer. Until this is done the field of operative activity will ever extend."

In the same "Weekly Survey" (March 9th 1907) in which the *Medical Times and Hospital Gazette* records the acceptance by the Royal College of Physicians of my resignation of its Membership, there is the following very interesting annotation, which throws no little light on the present subject :—

"In the *Lancet* of Saturday last is reprinted the following paragraph from the issue of that journal of February 28th, 1829, which is not only amusing but interesting, as it recalls the surgery of the days of our great-grandfathers, when women were not wont to march around our surgical wards with amputating knives and lithotrites in hand :—

"'A man went to Bartholomew's a few days ago, complaining of hydrocele, and was placed under the care of

Mr. Earle. He was told he would soon be cured; and on Saturday last was desired to go into the operating theatre, where it was intended to tap him. When he arrived the theatre was crowded to excess, and the first object that attracted his attention was Mr. Earle standing by the table, with a trocar in his hand ready to operate. "Oh!" said the patient, "is this it? No, my lads; I have heard of that Barnsby Cooper's operation for the stone, in the Borough, and you don't take any stone from me, depend on't; *besides, my friends don't know where I am.*" And, having thus expressed his determination, he bolted, amidst the loud laughter of the pupils. A chimney-sweeper was waiting just by, to have a cancer of the scrotum removed; but on seeing the other man make so hasty an exit, he took to his heels in the same manner, and was no more seen or heard of.'

"These things are managed much better nowadays. No patient about to have a stone removed or hydrocele operated upon would have a chance of dodging the surgeon's knife after reaching the operating theatre. He would be carried into the theatre and laid unconscious on the operating table, having previously been placed under chloroform in an adjacent ward.

"This incident reminds us of a somewhat similar one we heard of recently. The sister of a country surgeon, having suffered for some time from abdominal trouble, came to London to consult an eminent titled surgeon who practises in the West End. At the first consultation the surgeon suggested 'appendicitis' as the cause of the trouble, and at once ordered her into a surgical home hard by. She went into the home, and communicated with her brother. The news that she had been placed in a private ward suggested to his mind an operation, and the news brought him to town without delay. It appears that the patient, being comfortably well off, had not mentioned to the surgeon that she was the sister of a doctor, preferring to pay the usual fee. On

arriving in town the brother called on the West End surgeon, and, without stating that he was a doctor, inquired as to the nature of the disease his sister was suffering from. The unsuspecting surgeon unreservedly confessed that he had not been able to diagnose the case, but he would be able to tell him all about it on the following morning, as he had arranged to make an exploratory examination forthwith. 'You will not do anything of the kind,' said the brother, 'as I shall take her back at once and await events.' With a 'Good morning, sir,' the brother left the house before the consultant had recovered from the surprise.

"It is of course quite possible that the advice of the eminent surgeon was the best that could have been given, and that an abdominal section would have cleared up the case and opened a way out of the patient's trouble. The objectionable feature of the incident, in our opinion, is the unceremonious way the patient was trotted into the 'home,' placed under the supervision of a matron and trained nurses, and prepared for the immediate performance of an operation which might have ended fatally before her removal from the operation table, without her nearest relatives being made aware of the fact or their wishes solicited. And yet, unless operating surgeons are unjustly spoken of, such cases are of frequent occurrence. A patient drops into the out-patient room of a hospital, or the consulting-room of a specialist; a tumour or some condition justifying—in the opinion of the surgeon lucky enough to get hold of the case—an operation is diagnosed, and before he can utter 'Jack Robinson' he is in bed in a surgical ward being prepared for an operation. It would be a waste of words for him to say, 'Let me go; *my friends don't know where I am*,' and he cannot do a bolt into the street as the Bartholomew patient referred to in the above quotation from the *Lancet* did, as the matron of the institution would, if she knew her book, have placed his wearing apparel in a safe place until required on taking his discharge."

CHAPTER XXXI.

Dissent where least expected.

In an article in the *Westminster Gazette* of July 19th, 1906, under the heading "Surgeons and Physicians," it was stated that "there are not wanting signs of the development of a pretty little quarrel between surgeons and physicians with regard to the necessity of operating in certain classes of complaints." The writer went on to say: "We are not at all sure that it is for the benefit of the public in general that the merits of the case should be the subject of lay discussion in the columns of the daily press." After a very generous tribute "to that earnest and devoted body of men to whose cheerful, ungrudging, and often unpaid labours the community at large is under a surpassing debt of obligation," the writer refers to my "Fibroid Tumour" in these words: "Unfortunately, as we think, the subject is thrust before the public, who are expected to judge for themselves in what, after all, must in the end be determined by the expert advice. Confidence in that advice is undermined by unwise publicity. We have received a book by a well-known London physician, published by a firm that does not publish medical books as a rule, dedicated to 'suffering women and their responsible advisers,' who do not appear to be in this case his medical brethren. From the explanation of technical terms and from the drawings it is clear that the book is intended for the layman. Unfortunately the author in question has some excuse—the refusal of the publication of his papers in the

usual and proper channels. We can only say this seems to us a pity. There is as much humanity and fairness in the medical profession as in any other body of men, and doctors may be trusted to see to it that public confidence in their integrity remains unshaken."

With the utmost deference I venture to ask the *Westminster Gazette* whether it is prepared to maintain that the expenditure at the War Office and at the Admiralty is to be "determined by the expert advice"? I understood that the very essence of Liberalism was that the people who pay should control expenditure. And why should this be less true of men and women who pay in health and life, if not in standard coin? The onus of excessive operation is now laid on the patient who overbears the judgment of the surgeon. How is the patient to form a just judgment, if he be unable to hear both sides of the question? Mr. Edmund Owen, in the recent Bradshaw Lecture, admitted that "the newspaper-reading public are by no means ill-informed as to the lines on which surgical treatment is advancing." The *British Medical Journal* apparently suggested that part of Mr. Owen's lecture was prepared for public rather than professional consumption, if I am right in thus construing the following passage:— "It was doubtless because the lecturer felt that his audience was not confined to the four walls of the College of Surgeons, but comprised a wider public outside, that he seemed to include in one category of futility every measure save the knife." There are other passages in Mr. Owen's address which would appear to me to confirm the accuracy of the suggestion made by the *British Medical Journal.* To some of these I have referred in my "Cure of Cancer: and how Surgery blocks the Way."

If the *Westminster Gazette* intended its last sentence as a challenge to the *British Medical Journal* to make good its statements in answer to my statistics, the review of my book in its issue of December 1st, 1906, will not be found to carry

the matter much further, as will be seen from the following reprint of the review :—

"The nature of Dr. Shaw's 'Fibroid Tumour' is indicated by its title, by its dedication 'to suffering women and their responsible advisers,' and by the glossary at the end 'for the convenience of the non-medical reader.' Dr. Shaw seems to have been aggrieved by the treatment he has received at the hands of editors of medical papers, the *Journal* itself having incurred his displeasure. We are under the impression that a great deal has been written about the harmlessness of many uterine fibroids, and that the employment of electricity in place of hysterectomy and oöphorectomy is hardly to be termed 'a new treatment.' Dr. Shaw's book adds nothing new to our knowledge of electro-therapeutics for fibroid disease of the uterus. The chapter on the evidence of the author's clinical cases only includes eight instances of fibroid tumour, and the after-histories are very imperfectly reported. In six there is no statement of the patient's age : in one the patient was 50 years of age when first seen, 'the womb measured four inches, and there was a fibroid tumour in the anterior wall.' Under the treatment 'the patient lost her pain, and the courses [*sic*] diminished in quantity and duration (five days), whilst the intervals increased to three weeks.' Those who have any experience in the disease in question must be well aware of the fact that at the age of 50 it often subsides spontaneously: hence the case above quoted is of little value as evidence in favour of electrical treatment, which has acknowledged merits, and deserves more convincing arguments in its favour than are to be found in this work."

The professional reader who honours me by reading the book reviewed will understand why I think the "impressions" of the *British Medical Journal* as unreliable as "what the soldier said"; although the patient approaching 50 years of age who is advised to have her womb removed may find some contra-indication in the opinion therein expressed.

MEDICAL PRIESTCRAFT, A NATIONAL PERIL.

THE REMEDY.

THE REMEDY.

CHAPTER XXXII.

"As a Man is, so is his Strength."

That Zebah and Zalmunna require taking in hand, I trust has been adequately shown in the foregoing pages, in which I have blown the trumpet and unmasked my lamp, even at the cost of the earthen vessel which had contained it. But Gideon's sword alone—and wielded by Gideon—is adequate to deal with the slayers of his brethren. It is Parliament only that can grapple with the grave evils which I have so imperfectly presented in the foregoing narrative; and it is with a deep consciousness of the presumption, which it must appear in one who has been so *unpractical* in the arrangement of his own life as to have made so little out of it, that I venture to give my views as to how those evils should be dealt with.

My suggestion is that there should be a Minister of Public Health with a seat in the Cabinet. That in this Ministry there should be at least four departments, the first dealing with matters of Public Health in the limited sense generally attached to the term at present; the second dealing with Medical Charity as one now understands it; the third with Medical Education; and the fourth with Medical Discipline. The question of Public Health has only been incidentally dealt with in the present essay, so that no more need be said here, excepting to refer to one point of immediate and urgent public importance.

Operations from the Public Health Standpoint.

A crying necessity at the present moment is the distinction in the Returns of the Registrar-General between the mortality following operations, and that of the disease when unoperated on. This information has been supplied to the Registrar-General for many years, but, so far as I know, never published. The surgical history of every patient dying from cancer for the five years (or, better, seven years) immediately preceding death would soon settle the question as to whether operation is, or is not, the most important factor in the increased prevalence of cancer.

A Court of Inquiry on the lines suggested by Dr. J. A. Rigby is of immediate value, not only in the interest of the public, but in that of the doctor. Twice in my life I have wished that there was something of the kind in my own interest. In the one case, I made a serious error in diagnosis, which was followed by the death of the patient, who was in fact suffering from a disease regarded as incurable. In the other, I believe myself to have been the victim of a mischance, from the consequences of which such an inquiry would probably have saved me. I have related in my book, "Fibroid Tumour," the confidence a nurse imparted to me in narrating how she left for a moment a patient whom she believed to be still under the anæsthetic, only to find her standing, a few minutes later, at the window. Supposing that patient had died from the slipping of the ligature, imagine the distress, and the injury to the reputation, of the surgeon—from a cause absolutely beyond his control. What a safeguard to him such a Court of Inquiry as that suggested by Dr. Rigby might have proved! It is quite incredible to me that it should meet with anything but the warmest welcome.

To one other point with regard to operations I venture to submit with the utmost deference that the immediate

attention of Parliament should be directed, namely, the influence of operations in the production of lunacy, temporary and permanent. I believe that a return showing forth such statistics would prove more interesting than reassuring. I have already stated, in my letter to the Royal College of Physicians (page 19), that I hope the day is not far distant when a wilfully false or culpably inaccurate prognosis shall (if followed by the death of the patient) be indictable as *homicide by moral violence*. Why should a man or woman lose their life, in consequence of having trusted to the statements of a member of an honourable profession, when the law will punish the loss of a few pounds of potatoes by sending some poor wretch to penal servitude for three years?

The Department for the administration of medical relief will be represented by the projected King Edward's Hospital Fund Bill, and concerning this I venture to make the following suggestions :—

King Edward's Hospital Fund Bill.

This Bill opens up the possibility of enormously benefiting the profession of medicine. At the same time, it may also be made the occasion of rivetting the fetters of the profession (that is to say, of its rank and file) even more strongly than ever. The first essential is, in my judgment, an adequate representation of the lower ranks of the profession on the General Council, whose duties will be "to render to the President, at his request, such advice and assistance . . . as he shall from time to time require." If this is not done, the conditions at present existing in the British Medical Association will be repeated.

Just consider what it would mean to have men on the Advisory Board such as the "Mortal" quoted in "Amongst the Gods." His suggestions appear to me admirable. After

referring to the waste of large sums in decorating the exterior of hospitals and in costly administrative outlays, he went on to say :—" How much better if it went to build, in different localities, self-supporting institutions, where persons of moderate means could go for treatment under their own medical advisers, who could in these institutions have more highly specialised assistance if they required it. Keep the large general and small special hospitals for the poorer classes—those whom it would be cruel to reject—for whom they were and are intended. Impose on the self-supporting a small weekly tax, proportionate to means, easily ascertainable. At once you raise the status of the practitioner, and you impose upon him the necessity of keeping up to his work's demands and the advances of the time. You encourage comradeship in our ranks, and inspire respect for us in the outside world. Let the medical men in a given district take it in rotation in the extern departments, while they attend their own patients in the wards. Each ' sanatorium ' would have its director and two assistant directors : the medical practitioner would call in his own consultant."

I venture, with the utmost respect, to suggest that these recommendations are the most statesmanlike that have yet been put forward ; and, perhaps, it is best to say that at the present moment I have not the slightest idea who is their exponent.

But how differently the present government of King Edward's Fund is directing its policy. The General Hospital at Hampstead is the glorified development of the Hampstead Home Hospital, which was founded by Dr. Heath Strange to fulfil much the same policy as is outlined in "Amongst the Gods." But now the King Edward's Hospital Fund, it appears, is attempting to replace the staff of general practitioners by one from a small general hospital, the members of which appertain to the oligarchical or hierarchical party.

There is one of the special hospitals in London which made itself notorious by insisting on the resignation of a London M.D. who had been appointed to the staff by the Committee of Management. This gentleman was known to have views unfavourable to the mutilative operations which constitute a considerable part of the work of that hospital. Well, perhaps he, like myself, was in the wrong. But, not long ago, there was another election at this hospital, for which a surgeon in the prime of life—in the early prime of life, I should say—was a candidate. A young man was appointed, who, I have been told, was not even a Fellow of the Royal College of Surgeons. The other candidate was *too good* for the post. Surely the only possible justification for such conduct on the part of a hospital staff must be found in the fact that they support the hospital by providing its funds. It would be interesting to know how much they contribute, out of the large fortunes which many on the staff of that hospital have already made, towards its maintenance.

I suggest that the major part of each of the great hospitals of London should be officered by general practitioners attending their own patients, selected cases being treated in special wards for the purpose of clinical teaching or other special observation, the selection to the professorial staff being as far as possible according to the clinical efficiency displayed by such practitioners in the treatment of disease. When Hermann Boerhaave attracted the whole of Europe to Haarlem to listen to him, and be treated by him, he had one dozen beds on which to found his clinical teaching. If we have no Hippocrates and no Boerhaave amongst us to-day, it is not because *beds* are wanting to the teachers, but *brains*.

The Department of Medical Education.

There should be one standard of education for practising doctors throughout the country, and the curriculum should

be shortened and made more practical. The "great gulf" now existent between general and consulting practice would be non-existent, being replaced by a gulf between laboratory workers and practising doctors.

Laboratory work should be undertaken by a separate branch of the profession. At the present moment, a series of vivisections—even though it subsequently appear that they were foredoomed to failure—constitutes a valid claim to a staff appointment at a children's hospital, whilst knowledge of children's diseases, as gained in general practice, would be an absolute bar.

With one standard of education there would be one standard of examination. The provision for supplying clinical opportunities to all would give opportunity to all of developing the best that is in them, with an enormous gain to the community. Laboratory work should be well recompensed, but should be under the supervision of committees who would examine the problems submitted and the methods by which it was proposed to solve them.

The Medical Press should be licensed by the Department of Medical Education, and refusal to publish new methods of treatment should be punished by the withdrawal of that licence.

A Free Press.

A vital necessity is a free Press. I have touched on my own experiences, and have referred to that of Dr. Robert Bell in attempting to gain publicity for an answer to what, doubtless, he, as well as myself, regarded as a gravely misleading statement. I have, quite by accident, these last days, come across two other complaints made in respect of the same journal, the *British Medical Journal*. Dr. Alabone, in the 37th edition of his "Cure of Consumption" (1903), states that not only was a letter which he wrote the Editor, in answer to an inquiry that had been made regarding

"Lachnanthes," not inserted, but he goes on to say:—"Since then I have received letters from many medical men of high standing and repute, stating that they had written to the Editor of the *British Medical Journal*, giving their experience of the use of Lachnanthes in chest affections, but that their letters had not been inserted, and complaining of the fact."

I received a circular letter from Mr. H. A. Barker, dated January, 1907, under the heading "Bloodless Surgery," which read as follows:—"I herewith send you the letters which I have addressed to the Editor of the *British Medical Journal* in answer to the several articles which have appeared in that organ for the past seven weeks on the above subject. I am compelled to do this because, though you have had an opportunity of reading the *British Medical Journal's* side, my own letters have been most inadequately quoted, the unfair omission of the context giving an entirely wrong impression of my side of the discussion. I add to these one of the many letters sent by well-known people on my behalf to the Editor, and, for obvious reasons, ignored."

Of the merits of this controversy I know nothing. One has always held as a tradition that the Briton loved of all things fair play—the hearing of both sides of the question. The journal complained of is the "*British*" *Medical Journal.* It has appeared to me for some time that we might with advantage learn much from our neighbours across the Channel—from the land which has borne a Zola and a Picquart—of the meaning of "fair play" as the Briton used to understand it. And one of the most valuable hints we could take would be to make it an offence for the editor of a newspaper to publish statements affecting the welfare of the public or the reputation of the individual without allowing an opportunity of answer.

Through the kindness of a greatly esteemed French correspondent, I am able to give the following note respecting

the condition of the French Press Law, on the high authority of M. Wahl, Professor of Law at the University of Lille :—

"French legislation is very clear on the point regarding which you ask for information. Article 13 of the Law of the 29th July, 1881, on the Press enacts :—The editor of a journal is compelled to insert within three days of their reception, or in its next number if none be published within three days, *the replies of all persons named or designated* in the journal or periodical, under liability to a fine of 50 to 500 francs, without prejudice to any other penalties or damages to which the article may give rise. The word 'designated' refers to the case of a person aimed at indirectly without being specifically named. The Law has interpreted this text very broadly, and applies it without reserve to all circumstances, and obliges the journal to insert replies of the utmost length.

"A few years ago the *Revue des Deux-Mondes*, that had criticised a tragedy, was condemned by the Paris Court to insert with the reply of the author an entire act of this tragedy which had been attached by the author to his reply."

My friend adds the words, "The liberty of our Press is complete, but the person attacked has the right to reply."

And we may go to our neighbours for other hints as to the true functions of medical journalism. I have already alluded to the notice printed on the cover of the *Semaine Médicale :* "En dehors des annonces *La Semaine Médicale* n'accepte pas d'insertions payées." It appears that the recent manifesto on alcohol in the *Lancet* was engineered by someone outside the profession, and it is alleged to have been of political origin (*Star*, April 3rd, 1907). There was further the coincidence that the manifesto was coetaneous with a gigantic scheme for the advertisement of a French brandy. Naturally one is unable to see behind these matters; but I submit, not only with the utmost deference, but also with strong conviction, that the honour of British medical

journalism, as well as the public weal, should be safeguarded against the possibility of the reputation of our medical journals betraying the public in any matter affecting the health of the nation, and I suggest that the insertion of articles in the columns of our medical journals in consequence of the receipt, directly or indirectly, of *financial consideration* should be made an offence under the Corrupt Practices Act. It is stated with regard to the manifesto in question that some of the signatories were actually under a misapprehension as to the circumstances attending its original conception.

The Department of Medical Discipline.

The reform of the General Medical Council is one of the most urgent questions affecting the welfare of the profession, and, consequently, of the public served by that profession.

The whole question, as *Truth* so rightly claims, demands the urgent attention of Parliament. The right of appeal to the High Court of Justice from a decision of the Council to remove a name from the Register, though an absolutely necessary provision, is, in my judgment, insufficient as a safeguard against the tyranny of the oligarchy. Of what avail would it be to the humble practitioner referred to, who "was kicked out of the profession after twenty years' practice, notwithstanding his apologies and appeals for mercy for the sake of his wife and family, because, after severing his connection with a medical benefit club which had been objected to by his brother *medicos*, he incautiously sent a postcard notifying this fact, and mentioning that he would continue to receive patients privately"? In all human probability the right of appeal to the High Court would be as futile as if the *venue* were in the moon, and the Council would be just as successful in "packing him off with his wife and children to the nearest workhouse."

To the man who is likely to afford an appeal to the High Court the iron hand of the Council would most likely be softened by the velvet glove, if one may judge by a case referred to by Dr. Alabone in a pamphlet dealing with the vagaries of the General Medical Council, where a practitioner was found guilty of "infamous conduct" in respect of a forged certificate and a false degree, but was not removed from the Register.

The only possible remedy, in my judgment, is in making the General Medical Council a medico-democratic institution, in which the numbers of the university and medical school element should under no circumstances be able to outvote the Direct Representatives when unanimous on any question. The hierarchical element explained its opposition to any increase in the number of the Direct Representatives on the ground that the profession showed but very little interest in the proceedings, a large proportion abstaining from voting, or voting for consultants. If this be so, one may reasonably explain the fact by remembering that the vast majority of the profession would regard the election of five Direct Representatives out of a total Council of 34 as such a drop in the bucket as to be scarcely worth contesting, whilst the section of general practitioners more or less intimately in touch with the British Medical Association would naturally vote for the representatives of their selection. The rank and file of the profession are not unjustly described as hewers of wood and drawers of water to the hierarchy; to all intents and purposes they are helots—and I am not using the term in an offensive way, but rather in deep personal sympathy, and in the hope of rousing the masses of the profession to assert their rights against a mediæval despotism altogether unworthy of a free people and the twentieth century.

My suggestion is that not more than one-quarter of the Council should be representative of the universities and

medical schools, whilst three-quarters should be Direct Representatives, of whom not more than one in five should be consultants. This would give a narrow majority to the general practitioners if they voted solid, but not otherwise. All associations, whether the British Medical Association or smaller interests, should be debarred from taking part in the election as completely as the Peers are debarred from taking part in Parliamentary elections.

Every removal from the Register should be reconsidered after the lapse of one year at the latest, and the decisions of the Council (whether primary or subsequent) should be subject to an appeal to the High Court of Justice, or to the Ministry of Public Health. The term "infamous conduct" should be replaced by one with modern signification—applicable according to the gravity of each individual case.

In conclusion, I venture to suggest that the essential fact that the profession of medicine exists for the public weal—*Salus populi suprema est lex*—should be recognised by the presence on the General Medical Council of Representatives of the People, either lay or medical. The best corrective of the inequities which have characterised the action of the Council in the past would be the knowledge that the People might send to represent it on the Council the very men who had been turned off the Register for loyalty to "the higher interests of the profession" rather than be slaves to the interests of its hierarchy.

CHAPTER XXXIII.

SUMMARY OF ARGUMENT.

"The Principal Charge."

The President and Censors of the Royal College of Physicians of London found that my book, "Fibroid Tumour: A New Treatment . . . without Operation," was "obviously written with a view to its being placed in the hands of the general public, and that the author has addressed himself to women suffering from the maladies of which it treats. This constitutes a distinct breach of a well-recognised principle of professional conduct."

It does not appear to me necessary to labour the subject further in order to prove the truth of the contention so strikingly and convincingly put forward by *Truth* in its article on the "Priestcraft of Medicine." "What is really the offence," asked the writer, "for which Dr. Shaw has been called to account by his colleagues? Obviously it is not the mere publication of a book on a question of professional treatment of a certain class of disease. This is done with impunity every day, and not only is it done in books, but in communications to the Press, both lay and professional. The gravamen of Dr. Shaw's offence lies in the fact that he rejects the current opinion of the profession in a matter of profound importance, and that, being silenced by a sort of professional boycott, he appeals directly to the public by showing them what he believes to be the truth. This is the unpardonable sin, to punish which the professional machinery is set in motion."

Resignation as a Protest.

When one thinks of the lives which may have been sacrificed by reliance on statements, which, from my point of view, are terribly misleading, and of the difficulty which has been met with in obtaining even consideration for alternative methods of treatment; when one remembers my inability to gain a hearing in answer to a protest for which the utmost publicity was desired, and my equally ineffectual attempt to correct what I regarded as misleading statements with regard to work for which large sums of money were solicited and obtained; when one thinks of the possibility of statements being made in medical journals presumably for the consumption of the lay reader, and at the same time remembers the many ways in which the hierarch can and does obtain advertisement which is ethically correct;—can anyone doubt for a moment that the only course open to me on the receipt of the letter of the Registrar of the Royal College of Physicians, written on the instructions of the President and Censors, was to "*come out and be separate*"? For this essay has certainly failed in presenting my view of things, if it has not made it clear that the sale of pills and ointment may be made a more *honourable* calling than is the most *dignified* position in the profession of medicine as it exists to-day.

I conclude this presentation of a great subject in deep consciousness of the imperfection and inadequacy which have marked its performance, part of which must, I trust, be laid to the account of the pressure under which it has been accomplished. I can only hope that my reader will "piece out my imperfections with his thoughts," and accept goodwill in lieu of more efficient performance.

APPENDIX.

LETTER RESIGNING THE MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

32, New Cavendish Street,
Portland Place, W.,
April 19th, 1907.

To the President and Council
of the British Medical Association.

Sirs,

I believe that cant (make-believe), like a cancer, is not only eating into the backbone of our Nation, but is dishonouring the profession of Medicine.

I believe, moreover, that the aims and objective of any government are to be judged by its official organ.

My newly published work, "Medical Priestcraft, a National Peril," a copy of which is sent herewith, will, I venture to hope, adequately account for my present communication, the object of which is to place in your hands the resignation of my membership of the Association, which, in my judgment, already become a menace to professional liberty and inimical to the public weal, seeks to strengthen its influence by the acquisition of enhanced powers.

Yours faithfully,

(Signed) JOHN SHAW.

Wilkinson Bros., Ltd.,
Printers,
1-9, Green Lanes, London, N.